

# Aneurin Bevan University Public Board Meeting

Wed 26 March 2025, 09:30 - 12:30


Conference Centre, St Cadoc's Hospital



## Agenda

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### 1. Preliminary Matters

 Board Consent Agenda 26th March 2025 Final.pdf (3 pages)

#### 1.1. Welcome and Introductions

*Oral*      *Chair*

#### 1.2. Apologies for Absence for Noting

*Oral*      *Chair*

#### 1.3. Declarations of Interest for Noting

*Oral*      *Chair*

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### 2. Consent Agenda Business

**2.1. The Chair will ask if there are any items from the Consent Agenda (Item 7) that Board Members wish to bring forward to the Main agenda for discussion**

*Chair*

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### 3. Key Updates

#### 3.1. Update from the Chair

*Oral*      *Chair*

#### 3.2. Update from the Chief Executive

*Oral*      *Chief Executive*

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### 4. Patient Experience and Public Engagement

#### 4.1. Patient Experience Story

*Presentation*      *Director of Nursing*

#### 4.2. Report from Llais, Gwent Region

*Attachment*      *Regional Director, Llais*

 PB 20250326\_Agenda\_Item\_4.2\_Llais Gwent Region - Report for Aneurin Bevan University Health Board - Public Meeting - March 2025.pdf (15 pages)

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## 5. Items for Discussion

### 5.1. Strategic Planning 2025/26

*Attachments*                      *Director of Strategy, Planning & Partnerships and Director of Finance & Procurement*

a. Integrated Medium-Term Plan 2025-2028 - **Is in a separate Board book**

b. Budget Setting Proposal (Phase 1)

c. Capital Programme

 PB 20250326\_Agenda\_Item\_5.1b\_25.26 Budget delegation\_phase 1\_finalv2.pdf (12 pages)

 PB 20250326\_Agenda\_Item\_5.1c\_2025-26 Capital Programme.pdf (9 pages)

 PB 20250326\_Agenda\_Item\_5.1ci\_Appendix 1 AWC Projects Update.pdf (2 pages)

 PB 20250326\_Agenda\_Item\_5.1cii\_a Appendix 2 Opening Discretionary Programme 2526 v0.3.pdf (1 pages)


 PB 20250326\_Agenda\_Item\_5.1cii\_b Appendix 2 Opening Discretionary Programme 2526 v0.3.pdf (3 pages)

 PB 20250326\_Agenda\_Item\_5.1ciii\_Appendix 3 TEF Summary.pdf (1 pages)

### 5.2. Regional Planning: Strategic Vision for Llantrisant Health Park


*Attachments*                      *Director of Strategy, Planning and Partnerships*


 PB 20250326\_Agenda\_Item\_5.2a\_LHP strategy document.pdf (6 pages)

 PB 20250326\_Agenda\_Item\_5.2ai\_Appendix A\_LHP Strategic Overview.pdf (12 pages)

### 5.3. Digital Cellular Pathology Business Case

*Attachment*                      *Director of Digital*


 PB 20250326\_Agenda\_Item\_5.3\_REP\_Digital Cellular Pathology.pdf (8 pages)

 PB 20250326\_Agenda\_Item\_5.3a\_Appendix 1\_Digital Cellular Pathology BJC.pdf (86 pages)

### 5.4. Strategic Equality Plan 2024-2028


*Attachment*                      *Director of Workforce and OD*

 PB 20250326\_Agenda\_Item\_5.4\_Strategic Equality Plan 2024-2028.pdf (15 pages)

 PB 20250326\_Agenda\_Item\_5.4a\_\_Appendix 1 - SEP 2024-28 Update on Progress.pdf (41 pages)

### 5.5. Complex and Long-Term Care, Independent Provider Fee Uplifts 2024/25

*Attachment*                      *Chief Operating Officer*

 PB 20250326\_Agenda\_Item\_5.5\_Complex Care - Fees.pdf (9 pages)

### 5.6. Amendments to Standing Orders

*Attachment*                      *Director of Corporate Governance*

 PB 20250326\_Agenda\_Item\_5.6\_Board Paper Amendments to SOs.pdf (7 pages)


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## 6. Items for Discussion

### 6.1. Annual Report of the Executive Director of Public Health: Working Together to help people live healthier, fairer, safer and stronger lives

*Attachment*                      *Director of Public Health*

 PB 20250326\_Agenda\_Item\_6.1\_Director of Public Health Annual report 2024 25.pdf (3 pages)


 PB 20250326\_Agenda\_Item\_6.1a\_WE ARE GWENT- Working Together to build a healthier, fairer, safer and stronger Gwent.pdf (16 pages)

### 6.2. Audit Wales Reports 2024/25

*Attachment*                      *Director of Corporate Governance*

a. Structured Assessment

b. Annual Audit Report

 PB 20250326\_Agenda\_Item\_6.2\_Annual Audit and Structured Assessment 2024.pdf (4 pages)

 PB 20250326\_Agenda\_Item\_6.2a\_ABUHB Structured Assessment Report.pdf (44 pages)

 PB 20250326\_Agenda\_Item\_6.2b\_ABUHB Annual Audit Report.pdf (22 pages)

### **6.3. 2024/25 Performance Reporting**

*Attachment*                      *Executive Leads*

a. Integrated Performance Report


b. Quality Performance Report


c. Financial Performance Report

 PB 20250326\_Agenda\_Item\_6.3a\_Quarter 3 Integrated Performance Report.pdf (5 pages)

 PB 20250326\_Agenda\_Item\_6.3ai\_Quarter 3 Integrated Performance Report FINAL.pdf (47 pages)

 PB 20250326\_Agenda\_Item\_6.3b\_Quality Report SBAR March 2025.pdf (5 pages)

 PB 20250326\_Agenda\_Item\_6.3bi\_Quality Report March 2025.pdf (34 pages)

 PB 20250326\_Agenda\_Item\_6.3c\_Finance Report 24-25 M10\_FINAL.pdf (38 pages)

 PB 20250326\_Agenda\_Item\_6.3ci\_Finance Report appendices 24-25 M10 v1.pdf (36 pages)

### **6.4. Strategic Risk Report, March 2025**

*Attachment*                      *Chief Executive*

 PB 20250326\_Agenda\_Item\_6.4\_Strategic Risk Report\_March 2025.pdf (7 pages)

 PB 20250326\_Agenda\_Item\_6.4a\_Appendix A\_Strategic Dashboard and Risk Assessments.pdf (44 pages)

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## **7. Consent Agenda**

### **7.1. For Approval**

#### **7.1.1. Draft Minutes of the Health Board Meeting, held on 29th January 2025**

*Attachment*                      *Chair*

 PB 20250326\_Agenda\_Item\_7.1.1\_Draft Minutes of Public Meeting Held on 29 January 2025.pdf (13 pages)

#### **7.1.2. Report on Sealed Documents and Chair's Actions**

*Attachment*                      *Chair*

 PB 20250326\_Agenda\_Item\_7.1.2\_Report on Sealed Documents and Chairs Actions.pdf (5 pages)

### **7.2. For Noting**

#### **7.2.1. Board Action Log with Updates**

*Attachment*                      *Chair*

 PB 20250326\_Agenda\_Item\_7.2.1\_Board Action Log\_26March25.pdf (2 pages)

#### **7.2.2. Strategic Partnership Updates**

*Director of Strategy, Planning & Partnerships and Director of Public Health*

a. Regional Partnership Board (*Attachment*)

b. Public Service Board (*Oral*)

 PB 20250326\_Agenda\_Item\_7.2.2b\_RPB Update March 2025.pdf (11 pages)

### **7.2.3. Executive Committee Chair's Report**

*Attachment*                      *Chief Executive*

 PB 20250326\_Agenda\_Item\_7.2.3\_Executive Committee Chair's Report March 2025.pdf (9 pages)

### **7.2.4. Key Matters from Committees of the Board**

*Attachment*                      *Committee Chairs*

 PB 20250326\_Agenda\_Item\_7.2.4\_Key Matters from Committees of the Board.pdf (20 pages)

### **7.2.5. Overview of Joint and Partnership Committee Activity**


*Attachment*                      *Chief Executive*


a. Joint Commissioning Committee

b. NHS Wales Shared Services Partnership Committee

 PB 20250326\_Agenda\_Item\_7.2.5a JCC Update Report.pdf (4 pages)

 PB 20250326\_Agenda\_Item\_7.2.5ai Highlight Report - JCC 21 January 2025 Final.pdf (7 pages)

 PB 20250326\_Agenda\_Item\_7.2.5b\_Shared Services Partnership Committee Update Report.pdf (3 pages)

 PB 20250326\_Agenda\_Item\_7.2.5bi\_SSPC Assurance Report 03 February 2025 FINAL.pdf (6 pages)

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## **8. Other Matters**

### **8.1. Any Other Business**

### **8.2. Date of the Next Meeting:**

Wednesday 21st May 2025

**AGENDA**

<b>Date and Time</b>		<b>Wednesday 26<sup>th</sup> March 2025 at 9.30 am</b>	
<b>Venue</b>		<b>Conference Centre, Headquarters, St Cadoc's Hospital</b>	
<b>Item</b>	<b>Title</b>	<b>Format</b>	<b>Presenter</b>
<b>1</b>	<b>PRELIMINARY MATTERS</b>		
1.1	Welcome and Introductions	Oral	Chair
1.2	Apologies for Absence for Noting	Oral	Chair
1.3	Declarations of Interest for Noting	Oral	Chair
<b>2</b>	<b>CONSENT AGENDA BUSINESS</b>		
2.1	The Chair will ask if there are any items from the Consent Agenda (Item 7) that Board Members wish to bring forward to the Main agenda for discussion		Chair
<b>3</b>	<b>KEY UPDATES</b>		
3.1	Update from the Chair	Oral	Chair
3.2	Update from the Chief Executive	Oral	Chief Executive
<b>4</b>	<b>PATIENT EXPERIENCE AND PUBLIC ENGAGEMENT</b>		
4.1	Patient Experience Story	Presentation	Director of Nursing
4.2	Report from Llais, Gwent Region	Attachment	Regional Director, Llais
<b>5</b>	<b>ITEMS FOR DECISION</b>		
5.1	Strategic Planning: a. Integrated Medium-Term Plan 2025-2028 b. Budget Setting Proposal 2025/26 (Phase 1) c. Capital Programme 2025/26	Attachments	Director of Strategy, Planning and Partnerships & Director of Finance and Procurement
5.2	Regional Planning: Llantrisant Health Park Vision Document	Attachments	Director of Strategy, Planning and Partnerships
5.3	Digital Cellular Pathology Business Case	Attachment	Director of Digital
5.4	Strategic Equality Plan 2024-2028	Attachment	Director of Workforce & OD

5.5	Complex and Long-Term Care, Independent Provider Fee Uplifts 2024/25	Attachment	Chief Operating Officer
5.6	Amendments to Standing Orders	Attachment	Director of Corporate Governance
<b>6</b>	<b>ITEMS FOR DISCUSSION</b>		
6.1	Annual Report of the Executive Director of Public Health: Working Together to help people live healthier, fairer, safer and stronger lives	Attachment	Director of Public Health
6.2	Audit Wales Reports 2024/25: a. Structured Assessment b. Annual Audit Report	Attachment	Director of Corporate Governance
6.3	2024/25 Performance Reporting: a. Integrated Performance Report b. Quality Performance Report c. Financial Performance Report	Attachment	Executive Leads
6.4	Strategic Risk Report, March 2025	Attachment	Chief Executive
<b>7</b>	<b>CONSENT AGENDA</b>		
<b>7.1</b>	<b>FOR APPROVAL</b>		
7.1.1	Draft Minutes of the Health Board Meeting, held on 29 <sup>th</sup> January 2025	Attachment	Chair
7.1.2	Report on Sealed Documents and Chair's Actions	Attachment	Chair
<b>7.2</b>	<b>FOR NOTING</b>		
7.2.1	Board Action Log with Updates	Attachment	Chair
7.2.2	Strategic Partnership Updates: - a. Regional Partnership Board b. Public Service Board	Attachment Oral	Director of Strategy, Planning & Partnerships and Director of Public Health
7.2.3	Executive Committee Chair's report	Attachment	Chief Executive
7.2.4	Key Matters from Committees of the Board	Attachment	Committee Chairs
7.2.5	An overview of Joint and Partnership Committee Activity a. Joint Commissioning Committee b. NHS Wales Shared Services Partnership Committee	Attachment	Chief Executive
<b>8</b>	<b>OTHER MATTERS</b>		
8.1	Any Other Business		

8.2	Date of the Next Meetings: <ul style="list-style-type: none"> <li>• 21<sup>st</sup> May 2025</li> </ul>
<b>9.</b>	<b>PRIVATE/IN COMMITTEE SESSION</b>
	<p><b>Motion to Exclude Members of the Public and the Press</b></p> <p>There may be circumstances where it would not be in the public interest to discuss a matter in public. In such cases the Chair shall move the following motion to exclude members of the public and the press from the meeting:</p> <p>“Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.”</p> <p><i>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</i></p>

# Llais Gwent Region – Report for Aneurin Bevan University Health Board, Public Board Meeting.

March 2025



To inform Aneurin Bevan University Health Board of current issues of concern, and positive observations, or public feedback being addressed by Llais Gwent Region in relation to the planning and delivery of health and social care services.

# Accessible formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

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# About Llais



We believe in a healthier Wales where people get the health and social care services, they need in a way that works best for them.

We are here to understand your views and experiences of health and social care, and to make sure decision-makers use your feedback to shape your services.

We seek out both good and bad stories so we understand what works well and how services may need to get better. And we look to particularly talk to those whose voices are not often heard.

We also talk to people about their views and experiences by holding events in your local communities or visiting you wherever you're receiving your health or social care service.

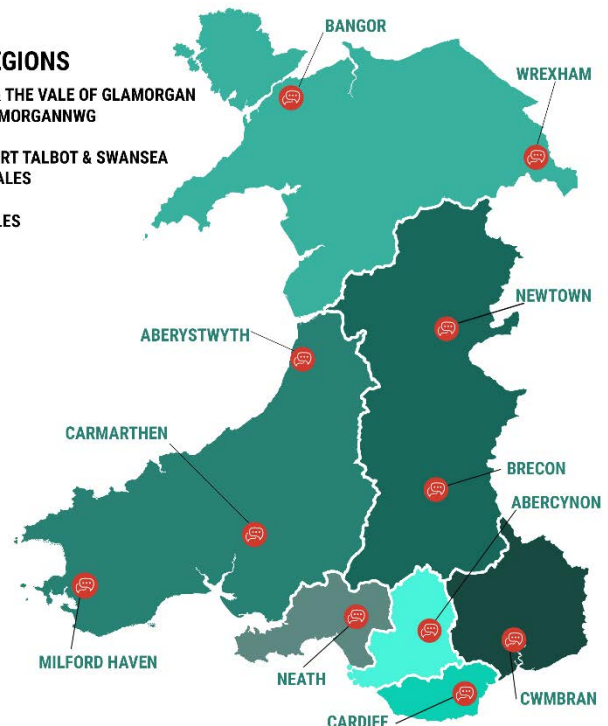
We also work with community and interested groups and in line with national initiatives to gather people's views.

And when things go wrong, we support you to make complaints.

There are 7 Llais Regions in Wales. Each one represents the "patient and public" voice in different parts of Wales.

## LLAIS REGIONS

- CARDIFF & THE VALE OF GLAMORGAN
- CWM TAF MORGANNWG
- GWENT
- NEATH PORT TALBOT & SWANSEA
- NORTH WALES
- POWYS
- WEST WALES



# Introduction



The purpose of this report is to inform Aneurin Bevan University Health Board of current issues of concern and positive observations, and public feedback being addressed by Llais Gwent Region in relation to the planning and delivery of health and social care services.

Llais continues to work in respect of engaging with the population, scrutinising, and offering independent challenge to the NHS and social care, to monitor and consider routine and urgent service changes. We also continue to provide independent Complaints Advocacy Service.

# A National Conversation: Llais strategic plan 2024-2027



We now have our first national strategic plan. This plan has been created using what we have been told by the people of Wales, by our staff and volunteers and other bodies and groups we work with.

When this plan was being created, we thought about our legal duties and responsibilities such as the Quality and Engagement Act 2020, Equality Act 2010, The Well-being of Future Generations Act 2015, The Welsh Language Standards 2016, The Socio-Economic Duty, the Public Sector Duty, and national plans and commitments such as the LGBTQ+ and the Anti-racist Wales Action Plan, as well as our remit letter.

Building on what we have learned in our first year, we have grouped things into five main priorities:<sup>1</sup>

- 1) Drive a national conversation about the future of health and social care services
- 2) Push for services that meet everyone's needs.
- 3) Work together better.
- 4) Help people and services to use technology in ways that work for them.
- 5) Grow and improve as an organisation.

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<sup>1</sup> <https://www.llaiswales.org/about-us/national-conversation-llais-strategic-plan-2024-2027>



## Local activities and feedback:

### 1. Gwent Advocacy Service

There were 114 contacts in January and February. 71 were formal concerns and 46 were enquiries that required early resolution.

Of the 114 contacts, 33 have now been resolved and 81 are still active.

Health & Social Care Services:

- **GP services** (39 contacts), Access to timely appointments, attitude, services provided being inadequate, prescription issues, lack of available appointments.
- **Secondary Care services** (28 contacts), Waiting times, lack of care, biopsies result not received, midwifery.
- **The Grange University Hospital** (12 contacts), Communication, A&E waiting times, cancelled operation, lack of care and compassion, wait on the back of an ambulance.
- **Mental Health Services** (11 contacts) - lack of support, record keeping, feeling unsafe in MH wards, lack of referral
- **Dental Services** (5 contacts), treatment received, practice closure.
- **Pharmacy** (4 contacts) - timely prescriptions, incorrect medicines issued.
- **ABUHB** (3 Contacts) – Complaints procedure not followed, lack of information.
- **Social Services** (11 Contacts) – lack of person-centred care, no care package, children services.
- **Opticians** (1 Contact) - lack of referral for cataract.

## 2. Representations

Due to the intensity of representations made throughout January and February, we have included further detail throughout the report to provide clarity around how people and community voices are being heard and shaping health and social care change.

## 3. Primary Care Services

In February 2025, Llais made a number of representations and conducted a series of on-site engagements at various GP Practices across Gwent, to gather feedback from the community regarding their experiences with accessing services.

This was driven by us being made aware of concerns about access to GP services towards the end of 2024 by people and communities. Of particular concern were issues reported to us relating to practices managed by the GP Partnership of Dr Ahmed and Dr Allinson, and E-Harley Street Primary Care Solutions – a management company set up by the GP partners with responsibility for the administration of their practices.

We carried out on-site engagement at the following GP sites:

- 1) Pontypool Medical Centre (Main Surgery)
- 2) Pontypool Medical Centre (New Inn Surgery)
- 3) Pontypool Medical Centre (Goytre Surgery)
- 4) Bevan Health & Wellbeing Centre (Tredeggar Medical Practice)
- 5) Blaenavon Medical Practice
- 6) Lliswerry Medical Centre
- 7) Rhymney Integrated Health & Social Care Centre (Meddygfa Cwm Rhymni Practice)
- 8) Meddygfa Gelligaer Surgery
- 9) Bryntirion Surgery
- 10) Markham Medical Centre

Using people's voices, we collated the information received and made representations to the Primary Care Team:

### 1) Self-check-in machines:

Whilst engaging with people at GP Practices, there were some practices where the self-check-in machines were not in operation, meaning there were long queues at the reception desk. What is the plan moving forward regarding effective use of the self-check-in machines?

## **Response:**

- Self-check-in machines are not a contractual requirement for GP practices; however, they recognise their potential to improve patient experience and reduce workload on reception teams.
- For the five practices that are going to be managed by the Health Board, these machines will be reinstated.
- Link in with the Neighbourhood Care Network teams to support and encourage practices in Gwent to consider their utilisation, where they are not already in operation.

## **2) Access to appointments:**

Access to appointments via telephone was the main area of concern for people across all of the GP practices we went to. People told us of the long wait in queues and when they got through, quite often, all appointments had gone, meaning they would have to do this all over again the next morning.

- Is there a requirement for people to call at 08:00 am for a same day/routine appointment?
- Are people able to go to their surgery in person and book an appointment?
- What are your plans to improve people's access to appointments?

## **Response:**

- Access to GP Services is a key priority. Even though the nationally agreed access standards are being met in the practices we visited, they will review systems and process, particularly for the five practices that are returning to Health Board management.
- Their goal is to ensure the right blend of access options is available for the patient population.
- Committed to developing a Patient Participation Group (PPG) in each practice and would welcome Llais representation in these groups.

## **3) NHS App:**

Are you going to extend full access to the NHS App for these surgeries, to enable people to book appointments with clinicians?

## **Response:**

- The recently announced GMS contract for Wales emphasised the need to improve the uptake and access to NHS Wales services, including the use of the NHS Wales App and the requirement for GP practices to enable the repeat prescribing function.
- The new contract will also require practices to assist patients with Welsh Identity Verification Service (WIVS), which supports the onboarding for patients for the NHS Wales app.
- The Health Board will continue to promote the use of the NHS Wales App and explore the full range of services that can be enabled through it.

We will continue our on-site engagement at General Practices across Gwent to understand people's experience in order to early identify good practice and areas that require improvement.

## **4. Mental Health Services**

During 2024-25 Mental Health Services has been a regional priority for Gwent. Llais has carried out a mix of formal and informal engagement and surveys to capture voices of staff working within the field and people and communities. Our findings note:

- Inpatient Mental Health Engagement

In February 2025, Llais conducted on-site engagements at several inpatient mental health wards in Gwent.

As one of our regional priorities is Mental Health Services, our aim was to understand people's experiences of receiving care and treatment as an inpatient.

To gather insights, we visited the following sites:

- 1) St Cadoc's Hospital, Adferiad Ward
- 2) Ysbyty Aneurin Bevan, Carn-Y-Cefn Ward
- 3) Ysbyty Ystrad Fawr, Ty Cyfannol Ward
- 4) Ysbyty Ystrad Fawr, Annwylfan Ward

Overall, most people across the four wards were happy with their inpatient experience. For future engagements, Llais would consider

visiting during activities to interact with people when they are relaxed and more likely to converse.

We had no representations to make as a result of our engagement, but asked the Health Board to share our summary report with the relevant staff for information

Key findings from our engagement were:

- 1) Unhealthy Menu (St Cadoc's Hospital, Adferiad Ward)
- 2) A pile-up of cigarette ends (St Cadoc's Hospital, Adferiad Ward & Ysbyty Ystrad Fawr, Ty Cyfannol Ward)
- 3) A need for more psychological support and support staff (Ysbyty Ystrad Fawr, Annwylfan Ward)

- **Mental Health Survey**

In December, we circulated a survey to find out people's experiences of accessing Mental Health Services in Gwent. In total, 25 people shared their experiences with us, age ranging from 16 – 87.

There was a mix of experiences among respondents. Many individuals expressed frustration with the accessibility and efficiency of services, particularly emergency mental health services, which often require navigating through GPs for referrals. Long waiting times and inconsistent communication were common concerns, with some people highlighting the lack of direct contact options and the need for a more streamlined triage system. Additionally, there were concerns about the quality of care, such as inexperienced carers and the need for more specialised support, especially for conditions like autism spectrum disorder.

Some people told us about their satisfactory experiences, particularly with specific services like 111 Option 2 and counselling sessions. These services were praised for their helpfulness and the positive impact they had on individuals' mental health. However, the overall sentiment suggests a need for significant improvements in accessibility, communication, and the quality of care provided by mental health services to better meet the needs of the community.

## 5. Engagement in Gwent (January - February)

In January, we hosted a stakeholder event “Until it happens to me...” to showcase our 2024-25 work in the health and social care sector. We highlighted the impact we made and shared real-life experiences of those who accessed our services, with insights from our volunteers.

We covered our three priorities for 2024-25 and the work that we had carried out, and plan to carry out until March 2025.

80 Professionals shared their experiences and discussed needed improvements for 2025 and beyond, it was a great opportunity to build relationships and explore different ways of future collaborative working.

Link for [findings](#)

### a) Llais Local – Usk & Goytre

We focussed our “Llais Local” engagement in Usk and Goytre in Monmouthshire, to strengthen community voice and experiences of health and social care services. We engaged with 73 individuals in community spaces, and support groups. Our approach is to listen to people and use what they’ve told us to influence change (*we listen, you said, we did*).

We attended the following venues:

- Warm Space
- Usk Library
- Baby & Toddler Group x2
- Climate Café
- Café Melin

We are collating the experiences and stories people told us and will share this with NHS and Social Care providers by the end of March 2025.

Early insights:

*“My husband was admitted to GUH after a 999 call. The ambulance service was great – came within 30 minutes of calling 999. The hand over in the Medical Assessment Unit did take a whole morning but my husband was receiving pain relief and IVF fluids. He was released the following day as a virtual inpatient. This meant that he didn’t have to join*

*a list as an outpatient for scans. Clearly this excellent system can only work with patients who are well enough to be at home”*

*“Recently had to attend A&E and had a horrible experience. It was crowded with hardly anywhere to sit. Had to wait 12+ hours on hard uncomfortable chairs. Once seen the care was fab but something needs to be done about waiting times!”*

*“I cannot fault the experience I have with the Usk and Raglan district nurses. For the last 13 months I have developed painful bedsores, the nurses visit me twice a week to treat and change the dressing. The care they show is immense. They are friendly and the medical knowledge I feel is very underrated.”*

## **6. Upcoming Activities**

### **1) Public Forum: Help Llais Grow your voice**

In March we are going to start a series of “new look, new feel” to our public fora, to drive a national conversation about the future of health and social care services.

Through active participation and active listening our ask is “Help Llais Grow Your Voice” – people in communities can participate by planting seeds, symbolising the growth and transformation needed to improve health and social care services through meaningful conversations.

### **2) Presentations**

In March, we are receiving presentations on the following hot topics:

- ABUHB Integrated Medium Term Plan
- WAST Service Performance and Activities

## National Work:

### 1. Same Day Urgent Care Project

Over the past year, Llais has been hearing a lot about the challenges people face when needing emergency healthcare in Wales.

Over 5 weeks starting in late September 2024, our teams visited 42 hospitals across Wales, including Minor Injury Units, Medical Assessment Units, and Emergency Departments, to gather people's experiences. We also conducted an online survey and focus groups. In total, we heard from over 700 people about their emergency health care experiences.

We have submitted our [position statement](#) and [full report](#) to health boards across Wales for response to representations including future service improvements.

### 2. Social Care Research

In February, Llais commissioned a research project to The Stop, Collaborate and Listen Agency to build a clearer picture of social care provision across Wales. The work focussed on understating regional variations, identifying barriers to effective service delivery, and highlighting areas of good practice.

As part of this research, they gathered insights from service users and care providers through a short survey to understand their experiences, challenges and perspectives.

This research will conclude in March 2025. Findings will be shared to inform future learning, key areas for change and shared good practice.

# Thanks



We thank everyone who took the time to share their views and experiences with us about their health and social care services and also sharing their ideas with us.

## Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.

## Contact details

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Facebook: @gwentllais  
twitter: Llais\_wales

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	26 March 2025
<b>CYFARFOD O: MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Finance Report – Budget Delegation Phase 1 Proposal 2025/26
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Rob Holcombe - Director of Finance & Procurement
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Suzanne Jones – Interim Assistant Director of Finance

**Pwrpas yr Adroddiad  
Purpose of the Report**

Ar Gyfer Penderfyniad/For Decision

The Board is asked to approve the proposed budget delegations, including:

- Initial revenue budgets to be delegated for the 2025/26 financial year, and
- Those budgets to be held in reserve – both in terms of planned commitments and uncommitted reserves.

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

Development of the draft financial plan identified that ABUHB would be unlikely to deliver a financially balanced plan for 2025/26. As required by WG, an accountable officer letter was sent by the CEO to WG on the 14<sup>th</sup> February following agreement by the Board to support an annual plan for 2025/26 in line with WG guidance, while recognising the need to deliver the savings levels outlined in the 'Route map to sustainability' previously approved.

The updated assessment of the 2025/26 financial forecast is now presenting a balanced plan albeit with risks of up to £25 million relating to cost assumptions and confidence ratings of savings delivery. The teams are continuing to make progress on savings plans and securing additional income opportunities to de-risk the plan.

The Health Board is required to set budgets prior to the beginning of the financial year, which are in accordance with the aims and objectives of the Integrated

Medium-Term Plan, for 2025/26 this will be the annual plan. Specifically, this means preparing and setting budgets within available funds.

The 2025/26 Health Board financial plan assumes the following:

- Baseline allocation 2024/25 £1,735.8m
- Allocation letter funding uplift of £27.6m
- Anticipated allocation income of £63.5m
- Other central income of £12.6m
- Further income assumed at risk £14.2m

**Total 1,853.6m**

This equates to an available resource limit to support expenditure of £1.853.6bn.

This paper sets out the principles and proposed approach to delegating funding at the start of the 2025/26 financial year with total available resources of £1.853.6bn.

The proposed approach is a 2 part budget setting plan - initially delegating the approved levels per the rollover ledger and perform a second delegation during quarter 1 of 2025/26 as part of finalising the exercise to apportion 2025/26 financial savings and cost pressure plans to budget holder level.

Budget planning principles require that the total Health Board budget be equal to its available resources. **Thus, consideration must be given to how the 2025/26 budget plan will reflect the financial plan and where savings delivery will be expected to be delivered at delegated level.**

The annual financial plan is based on applying the above principles; thus the focus has been on developing a budget strategy that:

- Ensures budget delegations reconcile with Allocation funding & income.
- Budget allocations are in line with WG & ABUHB planning priorities.
- Reserves are established pending finalisation of some anticipated allocations.
- Budget holders should operate & deliver within delegated budgets noting that some areas may forecast to be overspent on this phase 1 delegation.
- No contingency reserves are established at this phase 1 and will be considered as part of phase 2 budget setting.
- All other risks & pressures will need to be pro-actively managed & mitigated.

As noted above further consideration will be given to the establishment of revised budgets for 2025/26 to enable robust monitoring of budgetary performance against the financial plan forecast, this may include establishing delegated control totals or deficit reserve.

**The Board is asked to approve the proposed initial budget delegation 2025/26.**

### Cefndir / Background

The financial provisions and obligations of the Health Board are set out under Sections 174 to 177 of the National Health Service (Wales) Act 2006 (c. 42)



(Schedule 8 of the Act). The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer for the organisation, must ensure that the Health Board meets its statutory obligation to perform its functions within its available financial resources.

The Health Board has two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. They are as follows:

- First Duty - A duty to secure that its expenditure, which is attributable to the performance by it or its functions, does not exceed the aggregate of the funding allotted to it over a period of 3 financial years.
- Second Duty - A duty to prepare a plan to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The details and requirements for the two duties are set out in the Welsh Health Circular "WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts."

To be successful in meeting these targets the Health Board is required to set budgets, prior to the start of the financial year, and these should be in accordance with the aims and objectives of the Integrated Medium-Term Plan (Annual plan for 2025/26). Specifically, this means preparing and setting budgets within available funds and delegating them in line with the Health Board's Standing Financial Instructions (SFIs) and financial policy on budgetary control.

The Health Board has a well-established budgetary control procedure that describes delegation and accountability plus a revised Accountability Framework launched in 2023/2024. The budget strategy and planning principles are concerned with how the amount delegated to individual areas is determined.

## **Asesiad / Assessment**

The Minister has issued confirmed allocations to the Health Board in a letter to Chairs received in December 2024 (summarised in the Allocation letter briefing to the Board).

Baseline funding for 2025/26 (£1.763bn) has increased by £126.8m compared to 2024/25 (baseline December 23). However, the 'new discretionary funding' net uplift to the Health Board i.e. excluding recurrent 2024/25, committed and directed funding, is £27.6m and described as follows:



Net funding uplift	Committed / Directed (£'000)	New funding available for decision (£'000)	Total 2025/26 funding (£'000)
Baseline funding 2024/25	1,636,590		1,636,590
2024/25 funding received shown in 2025/26 baseline	99,168		99,168
<b>Total funding before uplifts and additional funding</b>	<b>1,735,758</b>	<b>0</b>	<b>1,735,758</b>
Core uplift 25/26		25,113	25,113
Mental Health core uplift 25/26		2,532	2,532
Other funding movements		21	21
<b>Uplifts and additional funding 2025/26</b>	<b>0</b>	<b>27,666</b>	<b>27,666</b>
<b>Total baseline funding 2025/26</b>	<b>1,735,758</b>	<b>27,666</b>	<b>1,763,424</b>
Anticipated funding for year-on-year non-recurrent spend			63,467
Central income (estimate)			12,572
<b>Further income assumed at risk</b>			<b>14,151</b>
<b>Total confirmed and anticipated funding &amp; other anticipated income 2025/26 "Total Budget"</b>			<b>1,853,613</b>

It should be noted that the allocation letter does not include funding for 2025/26 pay award settlements (it also does not include funding for the 24/25 pay awards but this forms part of the anticipated allocations) or contractor services uplifts, funding for these remains with WG and will be delegated to ABUHB once settlements are agreed. The allocation letter also does not include specialised service costs for identified treatments where the HB passes through the allocation in year as directed.

As part of the allocation letter, the core uplift the Health Board received included a stipulation that recurrent funding for inflation and growth of 1.77% should be passed through to NHS providers (c£8.4m).

At this stage, the Health Board is anticipating funding of £1,826.9m for the financial year 2025/26 (this is made up of confirmed allocations of £1,763.4m, anticipated allocations of £63.5m) £12.6m other income and £14.2m income assumed at risk. It should be noted that anticipated allocations carry the risk of not being received or received at a different value.

The Health Board has a recurrent allocation baseline to enable the planning of core services. The Health Board receives in year allocations from WG usually for specific areas of spend. These are delegated to the most suitable service area following agreement from the CEO and are listed in the Board finance reports. The delegation is reflective of whether the allocation is recurrent or non-recurrent.

## Methodology for phase 1 2025/26

The Methodology is based on the following:

1. Delegate recurrent budgets per the financial ledger as at month 10 2024/25,
2. Hold the remainder of the new allocations in reserves to enable further discussions and implementation of savings plans.

## Delegated Budgets is based on the following Funding Assumptions

### Allocations and Income anticipated and expected income £1,853.6m

#### Applied to:



## Delegate rollover recurrent ledger budgets £1,808.9m

**Residual budget to remain in reserves for phase 2 delegation £44.2m (this will need to manage financial priorities, commitments and income risks).**

Anticipated allocations are listed below: -

<b>REVENUE RESOURCE LIMIT ASSUMPTIONS (HB/SHA)/INCOME (TRUST) ASSUMPTIONS</b>	<b>In Year Anticipated Allocations (M10)</b>
<b>METRIC</b>	<b>£'000</b>
Pay award funding 2024-25	49,392
Primary Care - GP Pay / Expenses	3,801
Welsh Risk Pool	(5,776)
Invest to Save	(80)
Real Living Wage (RLW) Social Care	3,000
Substance Misuse	3,402
Prevention and Early Years	1,114
Consultant Clinical Excellence Award / Consultant Impact Award	298
Value Based Healthcare	506
GP IM&T Refresh Programme	1,603
New Medical Training Posts 2017 to 2024	1,400
Dementia Action Plan	1,611
DEL Non Cash Depreciation - IFRS 16 Leases	3,166
AME Non Cash Depreciation - IFRS 16 Leases (Peppercorn)	62
Removal of IFRS-16 Leases (Revenue)	(3,117)
Mental Health 111 Press 2 service funding	285
RIF-Dementia Connectors-confirmed WG plan 2526	100
RIF-Short breaks for Carers-confirmed WG plan 2526	247
Keeping Well (3Ps) funding 25-26 confirmed	340
Digital Priorities Investment Fund (DPIF) for EPS go live (Community Pharmacy)	65
RSV HCHS element	197
RSV Funding - gms element	152
Memory Assessment Services - Gwent RPB	565
WHSSC - National Specialist CAMHS improvements (Tier 4)	234
Learning Disabilities-Improving Lives	64
CAMHS In Reach Funding	817
Neighbourhood District Nursing (incl. B3 and B4 staff development)	21
<b>SUB TOTAL RRL Further Funding Assumptions not in allocation paper</b>	<b>63,469</b>



Further Income assumed at risk to be anticipated (for planning purposes) are listed below: -

<b>Further Income Assumed at Risk</b>	<b>Further income assumed at risk</b>
Description	£'000
Planned Care Transformation Fund	4,551
Precision Medicine	35
Digital Pathology Breast AI	113
Keeping Well (3Ps) funding	340
GMS - Disp & PADM's funding	1,121
EPMA funding	2,153
Assume Physician Assoc. funding	59
Assume Fracture Liaison income	321
All Wales International Recruitment	700
Neurodivergence Improvement Programme	883
DoLS / MCA / Advocacy (MH)	810
Shingles Vaccination Programme (GMS & HCHS)	1,321
Real Living Wage (RLW) Social Care	(1,000)
Urgent & Emergency Care Fund	2,744
<b>SUB TOTAL RRL Further Funding Assumptions not in allocation paper</b>	<b>14,151</b>

### Recommended Budget Delegation by Division / Executive Area



	2025/26 Rollover Annual Budget (including additional high risk income)
<b>Operational Divisions:-</b>	
Primary Care and Community	302,100
Prescribing	113,876
Community CHC & FNC	70,015
Mental Health & Learning Disabilities	145,926
<b>Total Primary Care, Community and Mental Health</b>	<b>631,918</b>
Surgery	146,701
Clinical Support Services	132,191
Medicine	170,597
Urgent Care	40,756
Family & Therapies	142,576
Estates and Facilities	96,875
Chief Operating Officer	10,684
<b>Total Hospital Divisions</b>	<b>740,379</b>
<b>Corporate / Exec budgets:-</b>	
Finance & Performance	6,314
Workforce & OD	8,861
Nurse Director	7,715
Chief Executive and non officer members	6,436
Planning	21,658
Digital, Data & Technology	30,348
Therapies	1,672
Corporate Governance	1,236
Public Health	6,696
Medical Director	4,367
Litigation	2,234
<b>Total Corporate Divisions</b>	<b>97,535</b>
<b>Specialist Services</b>	
WHSSC	141,893
EASC	41,760
<b>Total Specialist Services</b>	<b>183,654</b>
<b>External Contracts</b>	
External Commissioning - LTAs	107,183
External Commissioning - Access Plans <sup>1</sup>	966
<b>Total External Contracts</b>	<b>108,149</b>
Capital Charges	47,301
<b>Total Capital Charges</b>	<b>47,301</b>
<b>Total Delegated Position</b>	<b>1,808,937</b>
<b>Reserves - Centrally held 24/25 recurrent reserves - where spend is shown they are committed or offsetting spend above</b>	<b>2,882</b>
<b>Reserves - New funding assumptions (Per Annual plan - some)</b>	<b>14,151</b>
<b>Reserves - 25/26 Allocation letter - Uplift</b>	<b>27,644</b>
<b>Total Reserves</b>	<b>44,676</b>
<b>Total Income (confirmed &amp; Anticipated)</b>	<b>(1,853,613)</b>
<b>Total Reported Position</b>	<b>0</b>



In line with ABUHB governance, delegation letters will be issued to ensure clarity of responsibility and accountability. The letters will also include a summary of how the budget total is established and any specific areas that have been funded along with wider performance expectations.

The budget holder will be expected to ensure that any conditions for funding received are met, including reporting appropriate expenditure and ensuring all 'directed' funding is maximised.

### Summary

This paper proposes a 2 stage budget delegation of the Health Boards funding for 2025/26, it describes the methodology used and the impact on delegated budgets. The budget delegation is in line with the total income expected for 2025/26.

### Argymhelliad / Recommendation

The Board is asked to approve the proposed budget delegations, including:

- Initial revenue budgets to be delegated for the 2025/26 financial year and,
- Those budgets to be held in reserve – both in terms of planned commitments and uncommitted reserves.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Financial sustainability
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Governance, Leadership & Accountability All Health & Care Standards Apply Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.



**Gwybodaeth Ychwanegol:  
Further Information:**

<p>Ar sail tystiolaeth: Evidence Base:</p>	<p>ABUHB efficiency compendium Financial and Other systems data Service plans</p>
<p>Rhestr Termau: Glossary of Terms:</p>	<p>A&amp;C – Administration &amp; Clerical A&amp;E – Accident &amp; Emergency A4C - Agenda for Change AME – (WG) Annually Managed Expenditure AQF – Annual Quality Framework AWCP – All Wales Capital Programme AP – Accounts Payable AOF – Annual Operating Framework ATMP – Advanced Therapeutic Medicinal Products B/F – Brought Forward BH – Bank Holiday C&amp;V – Cardiff and Vale CAMHS – Child &amp; Adolescent Mental Health Services C/F – Carried Forward CHC – Continuing Health Care Commissioned Services – Services purchased external to ABUHB both within and outside Wales COTE – Care of the Elderly CRL – Capital Resource Limit Category M – category of drugs CEO – Chief Executive Officer CEAU – Children’s Emergency Assessment Unit CTM – Cwm Taf Morgannwg D&amp;C – Demand &amp; Capacity DCP – Discretionary Capital Programme DHR – Digital Health Record DNA – Did Not Attend DOSA – Day of Surgery Admission D2A – Discharge to Assess DoLS - Deprivation of Liberty Safeguards DoF – Director(s) of Finance DIOC – Delayed Transfer of Care EASC – Emergency Ambulance Services Committee ED – Emergency Department EDCIMS – Emergency Department Clinical Information Management System eLGH – Enhanced Local general Hospital EFAB – Estates Funding Advisory Board ENT – Ear, Nose and Throat specialty EoY – End of Year ETTF – Enabling Through Technology Fund</p>



F&T – Family & Therapies (Division)  
 FBC – Full Business Case  
 FNC – Funded Nursing Care  
 GDS – General Dental Services  
 GMS – General Medical Services  
 GP – General Practitioner  
 GWICES – Gwent Wide Integrated Community  
 Equipment Service  
 GUH – Grange University Hospital  
 GIRFT – Getting it Right First Time  
 HCHS – Health Care & Hospital Services  
 HCSW – Health Care Support Worker  
 HIV – Human Immunodeficiency Virus  
 HSDU – Hospital Sterilisation and Disinfection  
 Unit  
 H&WBC – Health and Well-Being Centre  
 IMTP – Integrated Medium Term Plan  
 INNU – Interventions not normally undertaken  
 IPTR – Individual Patient Treatment Referral  
 I&E – Income & Expenditure  
 ICF – Integrated Care Fund  
 LoS – Length of Stay  
 LTA – Long Term Agreement  
 LD – Learning Disabilities  
 MH – Mental Health  
 MSK - Musculoskeletal  
 Med – Medicine (Division)  
 MCA – Mental Capacity Act  
 MDT – Multi-disciplinary Team  
 MMR – Welsh Government Monthly Monitoring  
 Return  
 NCA – Non-contractual agreements  
 NCN – Neighbourhood Care Network  
 NCSO – No Cheaper Stock Obtainable  
 NI – National Insurance  
 NICE – National Institute for Clinical Excellence  
 NHH – Neville Hall Hospital  
 NWSSP – NHS Wales Shared Services  
 Partnership  
 ODT – Optometric Diagnostic and Treatment  
 Centre  
 OD – Organisation Development  
 PAR – Prescribing Audit Report  
 PCN – Primary Care Networks (Primary Care  
 Division)  
 PER – Prescribing Incentive Scheme  
 PICU – Psychiatric Intensive Care Unit  
 PrEP – Pre-exposure prophylaxis  
 PSNC –Pharmaceutical Services Negotiating  
 Committee  
 PSPP – Public Sector Payment Policy



	<p>PCR – Patient Charges Revenue  PPE – Personal Protective Equipment  PFI – Private Finance Initiative  RGH – Royal Gwent Hospital  RN – Registered Nursing  RRL – Revenue Resource Limit  RTT – Referral to Treatment  RPB – Regional Partnership Board  RIF – Regional Integration Fund  SCCC – Specialist Critical Care Centre  SCH – Scheduled Care Division  SCP – Service Change Plan (reference IMTP)  SLF – Straight Line Forecast  SpR – Specialist Registrar  STW – St.Woolos Hospital  TCS – Transforming Cancer Services (Velindre programme)  T&amp;O – Trauma &amp; Orthopaedics  TAG – Technical Accounting Group  UHB / HB – University Health Board / Health Board  USC – Unscheduled Care (Division)  UC – Urgent Care (Division)  ULP – Underlying Financial Position  VCCC – Velindre Cancer Care Centre  VERS – Voluntary Early Release Scheme  WET AMD – Wet age-related macular degeneration  WG – Welsh Government  WHC – Welsh Health Circular  WHSSC – Welsh Health Specialised Services Committee  WLI – Waiting List Initiative  WLIMS – Welsh Laboratory Information Management System  WRP – Welsh Risk Pool  YAB – Ysbyty Aneurin Bevan  YTD – Year to date  YYF – Ysbyty Ystrad Fawr</p>
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance & Performance Committee

<b>Effaith: (rhaid cwblhau)</b>	
<b>Impact: (must be completed)</b>	
	<b>Is EIA Required and included with this paper</b>
<b>Asesiad Effaith Cydraddoldeb</b>	<b>No does not meet requirements</b>



<p><b>Equality Impact Assessment (EIA) completed</b></p>	<p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a></p>
<p><b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b></p> <p><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a></p>	<p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives</p>



<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	26 March 2025
<b>CYFARFOD O: MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	<b>Capital Programme for 2025/26</b>
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Hannah Evans, Executive Director of Strategy, Planning and Partnerships
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Hannah Capel, Assistant Director of Capital Kelly Jones, Head of Capital Finance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

This paper provides an update on the Capital programme for 2024/25 and seeks approval of the draft opening Capital Programme for 2025/26 for both the All-Wales Capital Funding and the Discretionary Capital allocation for 2025/26.

**ADRODDIAD SCAA  
SBAR REPORT**

**Cefndir / Situation & Background**

The total opening capital programme for 2024/25 for Aneurin Bevan was £54.9m. The All Wales Capital Programme (AWCP) commenced at £43.4m with the Health Board Discretionary Programme being set at £8.77m. Throughout the year the Health Board has been successful in securing additional funding for projects which now totals at £67.754m (inclusive of leases) in order to support the Health Board's strategic and service and infrastructure risk priorities.

The Welsh Government has now confirmed **£12.875m** as the Health Board's Discretionary Capital Programme (DCP) allocation for 2025/26. This is an increase of £4.105m compared to 2024/25's opening allocation of £8.77m.



## Assessment

### Progress in 2024/25

#### **All Wales Capital Projects**

There are currently 12 live schemes, all at differing stages in the planning and delivery process, seven being fully approved by Welsh Government and in the course of construction. The remaining projects are at business case / planning stage.

In the last 12 months the following capital schemes were delivered:

- New Breast Unit in Ysbyty Ystrad Fawr – Completed January 24
- Ty Gwent (Admin accommodation to support rationalisation of estate and relinquishing of 5 leases) – Completed November 2024
- Bevan Health and Well Being Centre, Tredegar– Completed January 25
- 19 Hills Health and Wellbeing Centre, Newport – Completed March 25
- Acquisition of Chepstow Hospital – Approval given, completion February 2025

There are a number of schemes due for completion at the end of 2024/25 and beginning of 2025/26, including:

- Satellite Radiotherapy Unit, Nevill Hall – Completion May 2025
- Emergency Department Waiting Room Extension, Grange University Hospital – Phase 1 completion May 25, Phase 2 completion August 25
- GUH Transfer Lounge – Completion March 2025

Through the Integrated Regional Partnership Board, the Health Board has been successful in securing funding to develop the Outline Business Cases (OBC) for the Aber Valley Health and Wellbeing Centre and also the Monmouth Health and Wellbeing Centre. A Supply Chain Partner has been appointed and work is currently underway on both projects. It is anticipated that the OBC for Monmouth will be completed and submitted for Board approval Quarter 1 of 25/26 (pending the outcome of the Outline Planning Application to Monmouth Council). The Aber Valley is still currently working to identify an appropriate site for development.

The attached **Appendix 1** provides an overview for each capital project including:

- Purpose of project
- Capital cost
- Programme / Timescale for implementation
- Current position and next steps

Following the approval of the Health Board's Organisational Strategy, work will recommence on the refresh of the Estates Strategy. This will ensure that its focus and priorities are developed and aligned to organisational direction for ABUHB.

Much work has already been undertaken to inform the refresh of the Estates strategy including:

- Partnership asset mapping across all estate,
- Regional Partnership Board development of strategic capital plan in line with approve,
- Baselining of all current estate in terms of backlog, usage, and extant plans



- Work to develop the Strategic Outline Case for Nevill Hall

Key to the refresh of the estate strategy is the emerging service strategies and model for population health, Mental health and place-based care.

### **10 Year Estates Prioritisation**

In late 2023 the Welsh Government launched a major capital prioritisation exercise. The Board agreed this prioritisation as part of the plan approval in March 2024, with the outcome shown as follows –





**Anuerin Bevan University Health Board Capital  
Short/ Medium/ Longer Term Deliverability Prioritisation**

	Capital Scheme	Cost £m	Priority	Short Term Priority Years 1-3			Medium Term Priority Years 4-6			Longer-Term Priority Years 7-10			
				Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year7	Year 8	Year 9	Year 10
Short Term	Acquisition of Chepstow	5.4	1	█			█			█			
	NHH RAAC Replacement	100	2	█			█			█			
	St Woolos Old Estate Closure	20	3	Linked to RGH Backlog & De-Steamng			█			█			
	GUH Additional MRI	2.3	3	█			█			█			
	RGH Central Decontamination	4.8	6	█			█			█			
	RGH De Steaming Project	22	11	Linked to the St Woolos Old Estate Closure			█			█			
Medium Term	SISU/ Ward Closures/ SCH Reconfiguration	140	5	█			█			█			
	County Hospital Redevelopment	50	9	█			█			█			
	YYF Additional CT Scanner	1.4	11	█			█			█			
Longer Term	GUH Future Expansion	100	12	█			█			█			
	Maindiff Court Closure	10	13	█			█			█			
Ongoing Rolling Programme	Replacement Diagnostic Programme	15.5	3	█			█			█			
	Replacement Equipment Programmes	25.2	3	█			█			█			
	RGH Infrasture Backlog	50	4	█			█			Some elements linked to the St Woolos Old Estates Closure - ongoing promme of works			
	End User Commute Replacement Programme	19.5	7	█			█			█			
	Wi-fi Infrastructure Programme	3.5	8	█			█			█			
	Network Infrastructure Programme	17.5	8	█			█			█			
	Telecommunications Programme	3.5	8	█			█			█			
	Data Centre Programme	4.5	9	█			█			█			
Cyber Security Programme	3.7	9	█			█			█				



In line with this, Welsh Government gave approval for Chepstow PFI acquisition, 2<sup>nd</sup> MRI in GUH and the RGH Central decontamination unit. In addition, they have recently advised ABUHB that they are supportive for the Business Cases to be developed for:

- Nevill Hall Hospital Redevelopment including the removal of RAAC- Strategic Outline Case currently being developed and will be taken to the Board for consideration in Q1 25/26
- St Woolos, closure of the old estate and relocation of services to Royal Gwent Hospital and Casnewydd Unit - Project Initiation Document currently being developed, with Project Team to be set up from Feb 25 to develop the plans for the site and oversee the progression of the plans.

### **Additional Funding from Welsh Government**

Throughout the financial year of 2024/25, ABUHB has been successful in securing additional funding to support organisational and divisional priorities, which include

- Central Decontamination Unit for RGH
- Over £4m investment into backlog maintenance
- 2<sup>nd</sup> MRI for the Grange University Hospital
- Discharge Lounge for the Grange University Hospital
- £2.1m Additional Digital funding
- Diagnostic and medical equipment
- Buy-out of the lease for Surgical Robot

### **Programme for 2025/26**

The Capital Programme is made up of two key components:

- i) All Wales Capital Funded Projects, which includes significant projects supporting major strategic proposals of the Health Board, and those projects seen as an exception to the discretionary programme.
- ii) Discretionary Capital Programme, which is generally allocated for the following priority areas:
  - Meeting statutory obligations, such as Health and Safety and Firecode.
  - Maintaining the fabric of the estate; and
  - The timely replacement of equipment, including IT.

The following section sets out the capital funding available and the proposed allocation for the financial year 2025/26.



## All Wales Capital

The opening AWCP 2025/26 allocation agreed with Welsh Government is £12.184m and broken down as follows-

Scheme	Total (£m)
Satellite Radiotherapy Unit	1.991
Grange University Hospital – Emergency Department Extension and Reconfiguration	1.946
Head Lease for Chepstow Community Hospital	0.060
Year End Funding	2.400
Centralised Decontamination Unit	3.925
Royal Gwent Demolition	0.269
Backlog Maintenance 2024-25	0.901
IRCF Aber Valley HWBC	0.592

## Discretionary Capital Programme

The following proposed opening programme for Discretionary Capital is based on Organisational and Divisional priorities.

The Mental Health clinical strategy and service models are currently being finalised and may therefore impact on the opening priority programme. All priorities will be subject to continual review and scrutiny based on Organisational and Divisional risks. (Please see **Appendix 2** for full break down of Divisional priorities)

2025 / 26 Discretionary Capital Plan	Proposed 25 / 26 Programme £000
Draft Discretionary Baseline Funding – Opening position	<b>12,875</b>
Less:	
Targeted Estates Fund (EFAB replacement) Contribution	3,762
Disposals	0
Less Anticipated AWCP Brokerage	3,353
<b>Draft Available Discretionary Funding 25 / 26</b>	<b>5,760</b>
Statutory Allocations	1,100
B/f Commitments from 2025 / 26	543
Digital New/Replacement end user devices	750
Capital Programme Management	300
<b>Divisional Priorities 2025 / 26</b>	
Clinical Support Services	327
Corporate	0
Digital, Data and Technology	856
Estates and Facilities	118



Family and Therapies	146
Health and Safety	0
Medicine	263
Mental Health and Learning Disabilities	500
Primary Care and Community	59
Surgery	93
Urgent Care	6
Uncommitted	696

It is likely that additional funding from the All-Wales Capital Programme may become available later in the financial year due to slippage.

### **Targeted Estates Fund**

The Health Board has taken the opportunity to bid for additional funding from WG under the Targeted Estates Fund. This fund replaced the EFAB (Estates Funding Advisory Board) fund that the Health board previously benefitted from. There is £40m available across Wales for the next 2 years, where there will be a 70% contribution from WG and 30% contribution from the HB (which will be taken from the Health Boards' Discretionary Capital Plan). Applications are to undertake focussed areas of work under the headings of:

- Infrastructure
- Fire Safety
- Mental Health
- Decarbonisation
- Infection Prevention Control
- Decontamination

A copy of the schemes is included in **Appendix 3**. Should the Health Board be successful in securing funding for all of the schemes put forward for 2025/26, the Health Board contribution will be £3,762m, which the opening programme has made allowance for.

### **Other national funding sources**

#### **Health and Social Care Integration and Rebalancing Capital Fund - HCF and IRCF funding streams**

The following have been agreed as pipeline schemes for HCF and IRCF for 2025/26 for ABUHB -

Scheme	Value £000
Outside Fencing and Rubber Matting (Serennu)	47.605
Specialist Beds	75



### **National Imaging Programme:**

Welsh Government has advised that there will be a National Imaging funding allocation for financial year 2025/26. This will be managed through Shared Services Partnership based on the organisational imaging replacement requirements.

### **National Informatics Programme:**

Whilst there are ongoing discussions in Welsh Government in relation to the Digital Priority Investment Fund (DPIF), there has been no confirmation of funding available at present.

### **Governance**

All Capital will be managed in accordance with the Health Board's Capital Procedures, Standing Financial Instructions (SFIs) and to the Capital Investment Manual (Wales), for Major Projects, including the completion of the relevant Project Proposal Documentation.

Discretionary projects with estimated costs exceeding £1m, may require prioritisation and Ministerial Approval following further internal scrutiny and refinement.

### **Argymhelliad / Recommendation**

The Board is asked to NOTE the content of the report and APPROVE the proposed opening programme for 2025/26.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Each project has or will have a developed capital and service risk register. The former being a contractual requirement.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply 5.1 Timely Access 7.1 Workforce 7. Staff and Resources
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Enabling Estate



<p>Amcanion cydraddoldeb strategol Strategic Equality Objectives</p> <p><a href="#">Strategic Equality Objectives 2020-24</a></p>	<p>Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse</p> <p>Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services</p> <p>Choose an item. Choose an item.</p>
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
<p>Ar sail tystiolaeth: Evidence Base:</p>	<p>Each capital project has to go through a rigorous business case process which includes reference to appropriate legislation, health services policy and clinical guidelines.</p>
<p>Rhestr Termau: Glossary of Terms:</p>	
<p>Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:</p>	<p>Each capital project has a process for the appropriate engagement with key stakeholders during the course of their development from inception through to operational commissioning.</p>

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<p><b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b></p>	<p><b>Is EIA Required and included with this paper</b> No does not meet requirements</p>
<p><b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b></p> <p><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a></p>	<p>Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies</p> <p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p>



## All Wales Capital Projects - March 2025 Update

Project	Description	Capital Cost	Funding Route	SRO	Project Timescales	Stage	Current Position
Chepstow Community Hospital	The Hospital is currently leased from Kintra Ltd. The Head Lease is due to expire in February 2025 and it is proposed to acquire the Head Lease via WG capital funding.	£4.525m	AWC	Jamie Marchant	Lease Expiry Feb 2025	Delivery	Acquisition offer has been agreed with Kintra on a without prejudice / subject to contract basis at £4.525m  BJC approved by Board March 24  BJC Approval received in May 24 from WG to proceed  lease arrangements have been sorted now and monies paid  PFI will hand back to HB on 14th March 2025 at the end of the PFI Operating Agreement
Bevan Health and Well Being Centre	This scheme replaces the existing Tredgar Health Centre and the Glan-Yr-Afon Surgery. It is being built on the site of the redundant Tredgar Hospital. The new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3rd sector.	£20m	AWC	Tracy Daszkiewicz	Phase 1 Complete Phase 2 Completed January 2025	Completed	Completion of Phase 2 took place January 2025  Currently working to resolve outstanding compensation events which Kier are in disagreement with
19 Hills Health and Well Being Centre	This replaces Ringland Health Centre, Park Surgery, Alway Clinic and Community Dental Services provided at Clytha. The new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3rd sector.	£28m	IRPB	Tracy Daszkiewicz	Phase 1 Completed  Phase 2 completion Spring 2025	Delivery	Currently working to resolve compensation events which Kier are in disagreement with  continues on the second phase car park, estimated handover end of February 2025  Due to ongoing security issues, security has been in place for the last 3 weeks - currently being worked through with members of the Project Team  Discussions currently underway with Park Surgery in relation to the lease and service charges
NHH Satellite Radiotherapy Unit	This will provide two additional Linear Accelerators. The project has been developed jointly with Velindre NHS Trust as they will operate the Radiotherapy service. ABUHB are responsible for the building construction.	£45m	AWC	Carl James/ Hannah Evans	Completion May 2025	Delivery	Linac commissioning currently slightly ahead of schedule  CT delivery planned for 9th March  System has been made wet, no issues reported, building progressing in line with the agreed Programme  Service commissioning plan currently being reviewed  Work ongoing to determine additional revenue costs SLA's being finalised  Work being undertaken in relation to SOP's and Communication to stakeholders
GUH ED Extension	This scheme is an extension to the ED waiting areas in GUH and is aimed at improving patient experience and address over-crowding in the current ED waiting area. The scheme proposes more than doubling the waiting room area	£15m	AWC	Richard Morgan-Evan	Phase 1 - 27 May 2025 Phase 2 - 13th August 2025	Delivery	Continuation of weekly meetings contract and design meetings to ensure project aligns with current programme in order to manage performance of the project.  Programme C07 agreed by the External Project Manager  Morgan Sindall are currently in disagreement with the assessment of 3 compensation events - meetings to be held under the SCAPE escalation process  KPI review to take place in March 25  Phase 1 completion 27th May 2025.

Ty Gwent	Provision of admin accommodation, achieving consolidation of a number of leases within the HB estate	£1.15m	AWC	Rob Holcombe	March 2025	Delivery	80% of moves complete  Scoping underway to look at additional Car Parking  <i>Remaining services to move in by the end of March</i>
RGH Central Decontamination Unit	This scheme will provide a purpose designed unit within RGH for the decontamination of scopes. Current provision is non-compliant and lacks the capacity to support the increase in clinical activity.	£4.5m	AWC	Jamie Marchant	Quarter 3 2025	Delivery	Works on site set up has commence.  Works are progressing in line with Programme.
Mental Health and Learning Disabilities Specialist Inpatient Services Unit:	This scheme will provide a new 72 bed unit on the Llanfrechfa Grange site. It will replace an existing Learning Disabilities Unit on the site, PICU and female locked rehab services at SCH and adult acute services at County hospital. It will also provide new Low Secure services currently delivered via the private sector.	£100m	AWC	Leanne Watkins	TBC	SOC*	The project on hold whilst new DD completes review of MH strategy and models of care
Aber Valley Health and Well Being Centre	It is proposed to construct a new facility to replace the existing Aber Medical Practice, Senghenydd Health Centre which accommodates Health Board services and the Branch Surgery of the Nantgarw Practice. The proposed new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3rd sector.	£15m	IRCF	Lloyd Hambridge	January 2025 for OBC completion	OBC	Feasibility now progressing for Aber Park site preferred following discussion with the LA and Cllrs  Engagement event to be planned with local community to discuss the proposed site
Monmouth Health and Well Being Centre	It is proposed to construct a new facility to replace the existing Dixton Surgery and to provide additional clinical accommodation that can be utilised by Castle gate Medical Practice, the Wye Valley Practice, the Health Board, Local Authority and the 3rd sector.	£15m	IRCF	Lloyd Hambridge	January 2025 for OBC completion	OBC	Engagement event undertaken on 30th January, positive and negative feedback received, well attended by the community over 100 attendees  Initial conversations held with WG in relation to likely increase in overall capital costs  Stage 1 plans issued to SES and comments received, Design Team informed and responded. Design review ongoing
NHH Development Project	In the context of RAAC having to be removed from a significant proportion of NHH the opportunity has to be taken to review services models and the associated future functional requirements of the site. This will inform the development of a SOC for capital investment.	c£100m (v high level)	AWC	Hannah Evans	May-25	SOC	Service Review ongoing, with service models expected to be completed by the end of February to provide a clear understanding of service needs. Demand and Capacity baseline complete, informing the next stages of planning. Feasibility Study & Cost Advice: Work has commenced with Mott MacDonald, with weekly meetings in place to ensure progress stays on track. An initial meeting has been held with the cost advisor. Functional Content and Spatial Needs Assessment: To follow the service review, forming the foundation for detailed functional and spatial planning. The Strategic Outline Case (SOC) remains on track for submission in May, with ongoing work to refine the scope and investment requirements.
St Woolos Rationalisation	This scheme is proposed to relocate services from the old estate.	c£30m	AWC	Jamie Marchant	TBC	PBC	First project board meeting held 19th February  Agreed 3 workstreams to take the work forward -  - Service - Estates and Infrastructure - Finance and Resources  TORs currently being developed for review at the next meeting
2nd MRI GUH	This scheme will install a 2nd MRI in GUH	£2.5m	AWC	Arvind Kumar	Aug-25	Delivery	Purchase Orders in place for both the MRI unit and building works.  Design & Site Preparation: Initial design team meeting held, with a site visit completed.  The contractor will provide the project programme by 14th February.  A full site survey is scheduled for 3rd March.  The Clinical Hub will relocate by the end of February to free up space for works.

All Wales Capital Programme 2025/26

Cost Centre	Cost Code released?	AWCP Approved Schemes	Division	Opening AWCP Plan £000	Notes	Agreed Brokerage	Additional Brokerage
P348	No	NHH Satellite Radiotherapy Centre	Corporate	1,991			
P926	No	GUH ED Extension	Corporate & Urgent Care	2,531		567	18
P164	No	Purchase of Head Lease for Chepstow Community Hospital	Facilities	60			0
P219	No	EOY Funding 2024/25 - 2nd MRI at GUH	Clinical Support Services	2,498			-2
P269	No	Centralised Decontamination Unit RGH	Corporate & Facilities	3,925			
P919	No	RGH – Block 1 and 2 Demolition and Car Park	Corporate & Facilities	269		269	
P009	No	Backlog Maintenance - St Cadocs ducts - completion of work started under EFAB (SCH)	Facilities	934		934	
P180	No	Backlog Maintenance - Lift Doors at NHH and RGH (C and D block)	Facilities	1,001		368	633
P162	No	IRCF - Abervalley H&WBC	Primary Care	585			-7
P163	No	IRCF - Dixton H&WBC	Primary Care	130		130	
P269	No	Centralised Decontamination Unit RGH	Corporate & Facilities	110		110	
P009	No	EFAB Infrastructure - SCH Ducts Infrastructure Safety Upgrades	Facilities	50			50
P020	No	EFAB Fire - Fire Alarm System Replacement SCH	H&S	55			55
P013	No	YYF Breast Centralisation Unit	Corporate & Surgery	0			0
P050	No	HCF - Cotbed allocation	Families & Therapies	15			15
P314	No	Bariatric Beds and Mattresses	Facilities	140			140
		<b>Total AWCP 2025/26 Approved Schemes</b>		<b>14,294</b>		<b>2,378</b>	<b>902</b>

DCP COMMITMENTS AGREED FOR 2025/26

Cost Centre	PPD No.	Project Manager	Site	Division	Approval Qtr	Scheme Detail	Opening Disc. Plan £000	Notes
						<b>DISCRETIONARY CAPITAL PROGRAMME FUNDING</b>		
						Discretionary Baseline Funding	12,875.0	Estimated based TEF submission. Awaiting confirmation from WG
						TEF Contribution	-3,762.0	
						Agreed Brokerage AWCP 24/25	-2,378.0	
						Anticipated March Brokerage TBA	-975.0	
						Asset Disposal Income	0.0	
						Grant Donations	0.0	
						<b>Total DCP Funding</b>	<b>5,760.0</b>	
						<b>DISCRETIONARY CAPITAL PROGRAMME EXPENDITURE</b>		
						<b>Statutory Compliance Allocations</b>		
						Backlog Maintenance	500.0	
						DSA	500.0	
						Fire	100.0	
						<b>Sub Total Statutory Allocations</b>	<b>1,100.0</b>	
						<b>OTHER COMMITMENTS</b>		
						Digital New/Replacement end user devices	750.0	
						Capital Programme Management	300.0	
						<b>Sub Total of Other Commitments</b>	<b>1,050.0</b>	
						<b>Commitments B/f From 2024/25</b>		
P938	TBC	Arvind Kumar	HB Wide	Clinical Support Services	2022/23	Winpath - Blood Transfusion Replacement System	175.0	Slippage due to delays in implementing the WBS interface. Completion expected to be September 25.
P206	1668	Leah MacDonald	RGH	PC & C	Qtr 2	RGH Community Beds Curtain Tracking	26.2	Slippage as beds unable to be taken down to complete works.
P191	1659	Lloyd Bishop	HB Wide	Digital, Data & Technology	Qtr 1	Dynamic Planning (Lightfoot)	17.0	slippage reported
P919	TBC	Jamie Marchant	RGH	Facilities	2023/24	Forecast Overspend on RGH Blocks 1&2	110.0	Needs to be reconfirmed with Liza but this is what we were reporting earlier in the year.
P264	1733	Carrie Hopkins	NHH	Surgery	Qtr 3	Replacement Operating Chairs	31.2	Not able to be delivered before 31.3
P927	1353	Jamie Marchant	Chepstow	Corporate	2022/23	Chepstow Community Hospital PFI Fees	0.0	Waiting for Jamie to confirm figure (up to £60k)
P318		Hannah Capel	GUH	Urgent Care		Forecast Overspend on GUH ED Extension Scheme	184.2	
						<b>Sub Total Commit B/f From 2024/25</b>	<b>543.6</b>	

						<b>Divisional Priorities - Corporate</b>		
						<b>Sub total - Corporate</b>	<b>0.0</b>	
						<b>Divisional Priorities - Clinical Support Services</b>		
		Mark Wilkes	GUH	Clinical Support Services		Replacement of 098 1.5T Foot & Ankle coil	27.0	Maintain throughput & deliver diagnostic targets
		Alison Stevens	GUH	Clinical Support Services		Replacement Haemofiltration Machines	300.0	Replacement for end of life equipment
						<b>Sub total - Clinical Support Services</b>	<b>327.0</b>	
						<b>Divisional Priorities - Digital, Data and Technology</b>		
		Jan Jenkins	Health Board Wide	Digital, Data and Technology		Digital Staff	334.0	
		Jan Jenkins	GUH	Digital, Data and Technology		Symphony Upgrade	522.4	
						<b>Sub total - Digital, Data and Technology</b>	<b>856.4</b>	
						<b>Divisional Priorities - Estates &amp; Facilities</b>		
		Rhys Shorney	Health Board Wide			Guard Point - Pro Security	118.2	Security/H&S/Business Continuity
						<b>Sub total - Estates &amp; Facilities</b>	<b>118.2</b>	
						<b>Divisional Priorities - Family &amp; Therapies</b>		
		Deb Jackson	County Hospital	Family & Therapies		Age Concern Building Refurbishment	92.8	
		Hayley Jones	Central Clinic	Family & Therapies		Improvement works, Central Clinic	53.8	
						<b>Sub total - Family &amp; Therapies</b>	<b>146.6</b>	
						<b>Divisional Priorities - Health &amp; Safety</b>		
						<b>Sub total - Health &amp; Safety</b>	<b>0.0</b>	
						<b>Divisional Priorities - Medicine</b>		

	1567	Vanessa Williams	RGH / YYF	Medicine		Spacelabs Ambulatory Software & Monitors	150.0	
		Sarah Wilson		Medicine		Endoscopy Equipment NHH	113.7	Quality of care Efficiency/performance
						<b>Sub total - Medicine</b>	<b>263.7</b>	
						<b>Divisional Priorities - MH&amp;LD</b>		
		Esther Lowe	Health Board wide	MHLD		Installation of Anti Ligature sensor Bedroom doors	500.0	Phased programme to upgrade doors across MHLD wards
						<b>Sub total - MH&amp;LD</b>	<b>500.0</b>	
						<b>Divisional Priorities - PC&amp;C</b>		
	1864	Josh Marchant	NHH/YYF	PC&C		BD Pharmacy Dispensing Robot Operating System Upgrade Replace the ARIM for PIC: Convert the existing ARIM installations to PIC	59.1	Sustain the needs of the service - The system manages the interface between the robot itself and the Pharmacy Stock Management System, and without it the two would be unable to communicate and therefore
						<b>Sub total Divisional Priorities - PC&amp;C</b>	<b>59.1</b>	
						<b>Divisional Priorities - Surgery</b>		
		Bonita Overland	RGH	Surgery		Replacement Lithoclast	66.6	
	1765	Tracey Rich	RGH	Surgery		D7E Works	27.0	
						<b>Sub total - Surgery</b>	<b>93.6</b>	
						<b>Divisional Priorities - Urgent Care</b>		
	1827	Arian Howells	GUH	Urgent Care		Swipe access for the ED staff room	5.8	
						<b>Sub total - Urgent care</b>	<b>5.8</b>	
						<b>TOTAL DCP BUDGET APPROVALS / EXPENDITURE</b>	<b>5,064.0</b>	
						<b>REMAINING DCP FUNDING</b>	<b>696.0</b>	
						<b>UNCOMMITTED</b>	<b>696.0</b>	

Discipline	Description	Estimated Total Value £000 (incl. VAT)	Estimated Year 1 Spend	Estimated Year 2 Spend
Infrastructure	SCH Ducts Phase 3	£ 1,300	£ 500	£ 800
Infrastructure	SCH Building structural work	£ 1,200	£ 500	£ 700
Infrastructure	SWH Kitchen alterations	£ 850	£ 850	£ -
Infrastructure	SWH Ducts Phase 2 structural works	£ 150	£ 50	£ 100
Infrastructure	Lift Auto Diallers	£ 300	£ 300	£ -
Infrastructure	Ty Siriol Calorifier	£ 21	£ 21	£ -
Infrastructure	Med Gas Stores	£ 54	£ 54	£ -
Infrastructure	Phase 2 Lift Door replacements	£ 1,025	£ 500	£ 525
Infrastructure	RGH Kitchen Alterations	£ 300	£ 300	£ -
Infrastructure	Lift replaement -E Block lifts & Pathology	£ 420	£ 120	£ 300
Infrastructure	SCH Roof repairs (inc HQ building)	£ 1,914	£ 600	£ 1,314
Infrastructure	RGH D7E Refresh	£ 505	£ 505	£ -
Infrastructure	SCH Adferiad Heating and Hot Water	£ 100	£ 100	£ -
Infrastructure	Chillers YYF	£ 450	£ 150	£ 300
Infrastructure	Lift 1 -11 Upgrade YYF	£ 300	£ 150	£ 150
Infrastructure	RGH/rolling ward refurbishment (price per ward)	£ 1,500	£ 1,500	£ -
Infrastructure	NHH rolling Ward refurbishment	£ 1,500	£ -	£ 1,500
Infrastructure	Nurse call replacements 3 Wards NHH 3 Wards RGH	£ 300	£ 150	£ 150
Infrastructure	Theatre Recovery – UPS replacement	£ 20	£ 20	£ -
Infrastructure	Maindiff Court Hireath Boilers	£ 40	£ 40	£ -
Infrastructure	Roof Repairs NHH Stores/records/ Conference Centre	£ 97	£ 97	£ -
Infrastructure	GUH Alders House Roof Repair	£ 20	£ 20	£ -
Infrastructure	Pollard's Well Phase 3 - Roof replacement	£ 228	£ 228	£ -
Infrastructure	Car Park Ty-Meddigg	£ 50	£ 50	£ -
Infrastructure	Serennu Roof Repairs	£ 16	£ 16	£ -
Infrastructure	YAB Kitchen Vent	£ 12	£ 12	£ -
Infrastructure	Sluice Valve replacements	£ 13	£ -	£ 13
Infrastructure	Main Chillers RGH	£ 430	£ 100	£ 330
Infrastructure	Boilers for Main hall	£ 41	£ 41	£ -
		<b>£ 13,156</b>	<b>£ 6,974</b>	<b>£ 6,182</b>

Decarbonisation	RGH UPVC Windows replacement	£ 4,000	£ 2,000	£ 2,000
Decarbonisation	NHH UPVC Windows replacement (inc Drs Houses)	£ 2,500,025	£ 1,250,013	£ 1,250,013
Decarbonisation	GUH Alders House UPVC Windows and Doors	£ 65	£ 65	£ -
Decarbonisation	NHH Residential House Roof Insulation (3 Drs Houses)	£ 15	£ 15	£ -
Decarbonisation	NHH Residential Houses Repalce Gas boilers with heat pumps (3 Drs Houses)	£ 50	£ -	£ 50
		<b>£ 2,504,155</b>	<b>£ 1,252,093</b>	<b>£ 1,252,063</b>

Decon	HSDU RGH Equipment replacement	£ 1,500	£ 750	£ 750
		<b>£ 1,500</b>	<b>£ 750</b>	<b>£ 750</b>

IPAC	YAB Failed shower replacements	£ 40	£ 40	£ -
IPAC	RGH D7E IP Flooring	£ 28	£ 28	£ -
		<b>£ 68</b>	<b>£ 68</b>	<b>£ -</b>

Fire Safety	Fire Safety - Royal Gwent Hospital Fire Alarm and Detection System	£ 2,059	£ 900	£ 1,100
Fire Safety	Fire Safety - Essential repairs to fire resisting partitions to inpatient wards Nevill Hall Hospital	£ 158	£ 80	£ 77
Fire Safety	Fire Safety - Essential Fire Safety Improvements to Staff Residencies Nevill Hall Hospital	£ 124	£ 80	£ 45
Fire Safety	Fire Safety - Essential repairs to fire resisting partitions at C&D Block, Royal Gwent Hospital	£ 500	£ 250	£ 250
		<b>£ 2,841</b>	<b>£ 1,310</b>	<b>£ 1,472</b>

Mental Health	Installation of secure doors adjoining the Extra Care Area to the bedroom corridor	£ 24	£ 24	£ -
Mental Health	Patient Rehabilitation Kitchen Replacement – Ty Skirrid, Maindiff Court (ADL & Skills Development)	£ 32	£ 32	£ -
Mental Health	Patient Rehabilitation Kitchen Upgrades (x2) – Adferiad Ward, St Cadocs (ADL & Skills Development)	£ 53	£ 53	£ -
		<b>£ 109</b>	<b>£ 109</b>	<b>£ -</b>

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	26 March 2025
<b>CYFARFOD O: MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	<b>Strategic Vision for Llantrisant Health Park</b>
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Hannah Evans, Director of Strategy, Planning and Partnerships
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	David Hanks, Head of Service Planning

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

A vision document for Llantrisant Health Park (LHP) has been produced for the three participating health boards, led by Cwm Taf Morgannwg University Health Board (CTMUHB). This sets out the context, potential and proposed role of LHP, which was acquired in early 2023. The document has been brought forward in response to a letter received recently from the Director General / Chief Executive of NHS Wales, requesting further details of joint planning proposals for the region.

**Cefndir / Background**

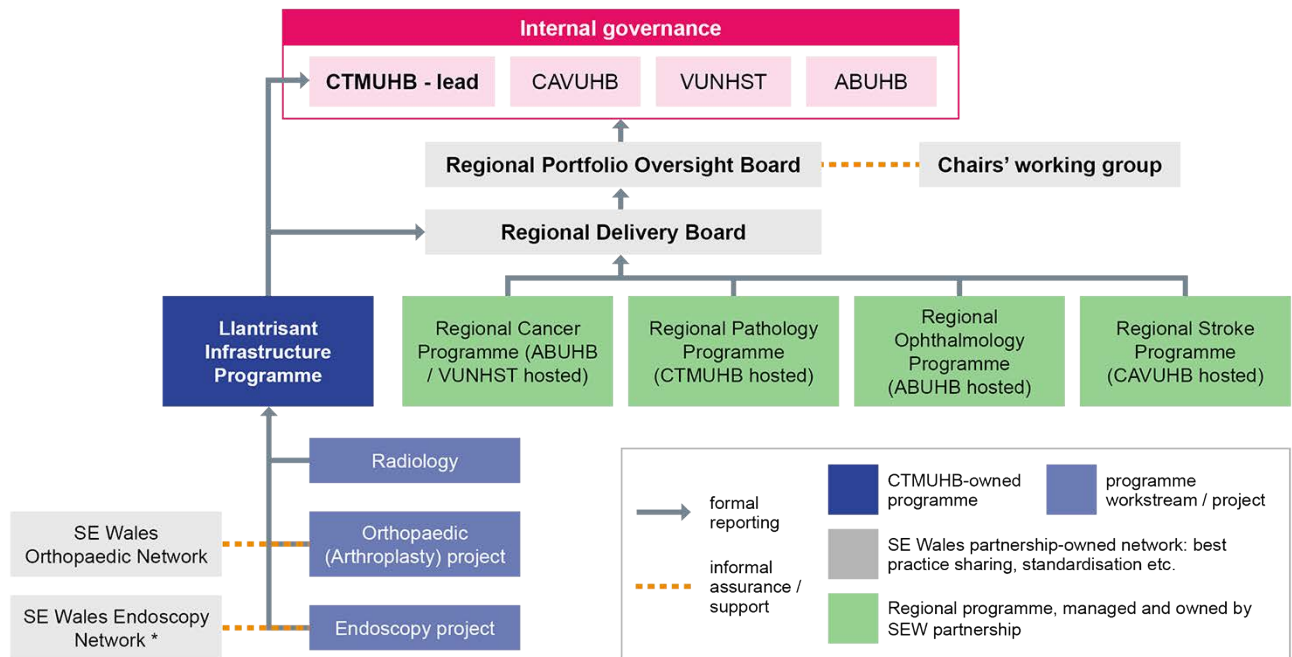
Health boards in south east Wales have committed to active regional collaboration where this delivers added value to clinical service delivery, access and sustainability. Health board planning teams (joined by clinical, operational and other colleagues where beneficial) meet on a regular basis to agree common approaches to strategic challenges, progress ongoing regional collaborative programmes, share experience / best practice and to consider future opportunities for closer working to mutual benefit.

Collaborative programmes include formalised arrangements for prescribed services within the south east, together with the wider review and reconfiguration of



specialist services across south Wales where Aneurin Bevan University Health Board is a stakeholder. Each Health Board is leading a formal programme with Aneurin Bevan University Health Board overseeing ophthalmology and cancer, Cardiff & Vale University Health Board (C&VUHB) overseeing orthopaedics and stroke and Cwm Taf Morgannwg University Health Board (CTMUHB) overseeing diagnostics (consisting of endoscopy, pathology and community diagnostic hubs)

Governance arrangements for the programmes include a Regional Portfolio Oversight Board with Chief Executive representation from all health boards. A chart summarising the arrangements is shown below:-



In February 2023 – following confirmation of Welsh Government funding - CTMUHB completed the purchase of the LHP site. The site is close to the Royal Glamorgan Hospital in Llantrisant and has the potential capacity and infrastructure for a wide range of clinical services, including as a regional diagnostic and treatment centre. Since this acquisition, the regional programmes have considered the opportunities offered by this CTMUHB facility to deliver additional regional capacity (alongside core/realigned capacity for CTM). These opportunities have been explored in the regional programmes based on an understanding of demand and capacity challenges, new models of care and pathways and local development and/or expansion plans. This work has helped to set out the potential role of LHP in addressing the issues identified. A strategic outline document was submitted by CTMUHB to Welsh Government in September 2024 in order to secure support via capital monies for the continuation of development fees and enabling works. This was considered by Welsh Government’s Infrastructure Investment Board in November 2024.

In January 2025, a letter was received from the Director General / Chief Executive of NHS Wales regarding the development of LHP. The letter set out clear expectations that the LHP programme proceed at pace, and specifically requested the following:



- Development of an outline strategy which supports the development of a regional service model to utilise the proposed facilities at Llantrisant.
- Development of a cross-health board demand and capacity mapping exercise to cover endoscopy, radiology and pathology, together with the setting out of a strategic delivery plan to meet this demand across a regional footprint
- Setting out of a clear plan for utilising LHP for a short stay elective orthopaedic facility, supported by a demand and capacity model for the region
- An outline of further future development opportunities for the LHP site and collaborative regional working in general

The Regional Portfolio Oversight Board has considered the letter and agreed an appropriate action plan, with a series of documents being prepared for consideration by respective Boards and submission to Welsh Government over the next few months.

It was agreed that an overall LHP outline strategic vision document would be prepared for March Board meetings – the plan is attached for Board approval.

## **Asesiad / Assessment**

### Document summary

LHP is a significant strategic development for CTM Health Board. As set out, it also offers a significant opportunity to the south east Wales region in the context of additional capacity for high volume treatments and diagnostics. The LHP strategic document sets out the vision and approach to the use of LHP as an option to address a range of service issues, including capacity gaps, workforce sustainability and protected elective activity. The site is seen to present a valuable opportunity to establish a standalone facility for high-volume, low-complexity surgical and diagnostic procedures to address capacity shortfalls, meet future demand challenges and support consolidation of services where this will add value to participating health boards. It would also act as an enabler for further regional service reconfiguration.

The strategic document sets out the procurement and capacity development model for LHP alongside the timescales associated with the key deliverables set out above.

The proposals are being progressed through the regional governance structure set out above.

### ABUHB assessment of LHP opportunities

Set in the context of the clinical futures service models and the health board's ambition to drive maximum efficiency from existing infrastructure and workforce, the LHP development does complement local facilities and service developments. The opening of the Grange Hospital in November 2020 unlocked the opportunities for planned care development in Gwent through the separation of emergency and elective pathways, the development of innovative models of care such as the Peri-operative care unit in Royal Gwent Hospital and the liberation of infrastructure such as theatres, diagnostics and some staffing in these areas. These benefits were fully



explored in the recent New Hospital System/GUH report and have been highlighted in the draft MAG report

The LHP development does offer opportunities to strengthen further our planned care capacity and offer in this context. The health board has maintained full engagement and participation in a wide range of collaborative regional planning programmes, with position statements developed at an early stage to advise colleagues and to inform the planning process. The local ABUHB positions in respect of the specific asks within the letter are as follows:

- ABUHB has contributed to the CTM LHP strategy document and is content that this reflects a broad consensus of regional planning intentions in respect of the LHP site.
- Revised demand and capacity mapping exercises are progressing across all of the relevant programmes, with much of the ABUHB input informed by the exercises already undertaken for the 2025/26 annual plan.
- It should be noted that whilst Welsh Government has requested a review of radiological demand and capacity, the current health board position is that there is no requirement for the future CT or MRI capacity which will be offered in LHP at this stage. Local plans have been enabled by the approval of a separate business case for additional MRI scanning capacity at the Grange University Hospital. Engagement with wider collaborative planning will however be maintained fully.
- A regional endoscopy plan has been developed setting out the current demand and capacity requirements and residual deficit across the region. Local Health Board plans to maximise existing infrastructure are then factored in before identifying the opportunity LHP can offer the region to bridge the remaining gap. This is the subject of a separate paper - to be considered at a future date by the Board of ABUHB.
- Active participation is ongoing in respect of a future regional short stay elective orthopaedic facility on the LHP site, recognising the need to identify robust funding streams and that a comprehensive business case will need to be developed over the coming months for approval by relevant health boards.

For ABUHB, the commissioning of capacity at LHP would be dependent on the identification of future additional revenue funding streams.

Further engagement with Llais and communities will be required.

### **Argymhelliad / Recommendation**

The Board is asked to:

- NOTE the overall position in respect of regional service planning and the recent direction from the NHS Wales Chief Executive
- NOTE and ENDORSE the attached LHP outline strategy that has been prepared as the basis for future collaborative regional planning



- NOTE that further documents will follow over the coming months, setting out regional plans in respect of endoscopy, radiology, pathology and orthopaedics.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Many of the regional work streams are informed by risk assessment and have been established to address and mitigate system risks
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 5.1 Timely Access 7.1 Workforce Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Regional Solutions
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Within the paper
Rhestr Termau: Glossary of Terms:	Within the paper
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee



**Effaith: (rhaid cwblhau)**  
**Impact: (must be completed)**

	<b>Is EIA Required and included with this paper</b>
<p><b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b></p>	<p><b>No does not meet requirements</b></p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a></p>
<p><b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b></p> <p><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a></p>	<p>Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives</p> <p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p>





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CYMRU  
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WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
Cwm Taf Morgannwg  
University Health Board

# Llantrisant Health Park Programme – Strategic Overview

Status DRAFT

Date 7<sup>th</sup> March 2025

CTM 2030  
**Ein Hiechyd  
Ein Dyfodol**  
DATBLYGU CYMUNEDAU  
IACHACH GYDA'N GILYDD



CTM 2030  
**Our Health  
Our Future**  
BUILDING HEALTHIER  
COMMUNITIES TOGETHER

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# 1. Strategic overview

During autumn 2022, Cwm Taf Morgannwg University Health Board (CTMUHB) became aware of the intention of British Airways Avionics Engineering (BAAE) to sell their former engineering site in Llantrisant. The site was vacant, as BAAE had relocated their service provision to St Athan during early 2022 (but remained as tenants of the site).

The total site covers over 20 acres with a developed area comprising three separate buildings totalling over 10,300sqm. There is parking on site for around 300 cars. The site has the potential capacity and infrastructure for a wide range of clinical services, and in addition to the existing buildings, there is also an area of cleared ground that is available for further on-site development.

In December 2022 CTMUHB submitted a case to Welsh Government (WG) to support the purchase of the site – to be known as Llantrisant Health Park (LHP) - and setting out the initial development aims and aspirations. Approval was given and £8M funding released to support the site purchase as a regional elective care facility. The purchase completed in February 2023.

The vision for LHP is to establish a standalone site for high-volume, low-complexity surgical and diagnostic procedures to address capacity shortfalls, meet future demand challenges and support consolidation of services where this will add value to participating health boards. LHP will also act as an enabler for further regional service reconfiguration. The development of a dedicated facility for planned care, separated from emergency care, was a key commitment in the Welsh Government's recovery document, "Our Programme for transforming and modernising Planned Care and reducing waiting lists in Wales" (April 2022).

The need to introduce diagnostic and treatment capacity to the South East Wales region has never been greater. Since the COVID pandemic, waiting lists have increased to their highest ever levels and Health Boards have struggled to address this within existing capacity and working practices. Set alongside this is the increasing aging population and acute medicine pressures which indicate that a significant change to current practice and how we use our existing infrastructure is essential if performance and access to treatment is to be improved. LHP offers the region a unique opportunity to deliver new ring-fenced elective capacity, encompassing innovative developments and state of the art practice. The site will provide efficient and proven effective models of care to deliver increased diagnostic and treatment facilities across the region. These models are fully in line with the Getting it Right First Time surgical hub models, recognised as best practice across the UK. The proposal incorporates:

- **Imaging capacity** – incorporating MRI, CT and ultrasound as part of a Community Diagnostic Hub (CDH)
- **Endoscopy capacity** – elective and screening services to increase capacity across the region and address the projected six suite shortfall across the region by 2027/28 and to introduce a training academy to respond to workforce shortfalls.
- **High-volume, low-complexity orthopaedic inpatient unit** - providing capacity for up to six theatres to deliver arthroplasty (knees and hips) surgery for patients meeting the criteria for treatment without critical care support. An inpatient unit adjacent to the theatres will accommodate patients requiring an overnight stay.
- **Multi-modality day surgery unit** – principally focused on addressing the significant shortfall in dedicated day surgery capacity across CTMUHB, it will be a dedicated and fully efficient centre of excellence that reduces wait times.

It is recognised that Health Boards have obligations in respect of public engagement and consultation when introducing significant service changes, and these will have some application when progressing a model of regionally-based provision of elective and diagnostic services.

The principle of patients travelling further to access more timely care has been tested in a regional context with a recent engagement exercise for cataract surgery, when positive feedback was received from both public and Llais. Close contact with Llais will be maintained as the LHP plans progress, to ensure that the required arrangements are in place and that any concerns / issues arising are addressed and mitigated as appropriate.

## 2. Existing arrangements and drivers for change

### 2.1 Background

Current service provision for the region is primarily delivered on a Health Board population basis within each health board's geographic footprint. Patients from each health board currently access services in other health boards as part of agreed patient flows for specific service pathways. Additional capacity is delivered through a range of means including internal additional capacity using NHS clinicians (commonly referred to as waiting list initiatives) and in-sourcing arrangements, when teams come into NHS Facilities. Outsourcing to providers in the independent sector in Wales and in England also provides alternative short term elective capacity.

Currently there are waiting lists in all affected areas and a capacity shortfall against demand. With a rapidly aging population, the demand for diagnostic procedures as well as orthopaedics treatment (in particular for hips and knees) is likely to grow significantly. The following section sets out the demand capacity challenges which are seeking to be addressed by the LHP development.

### 2.2 Demand and capacity summary

#### 2.2.1 Endoscopy

The National Endoscopy programme (NEP) has facilitated a number of national demand and capacity assessments with the Autumn 2023 assessment of data identifying a gap across the South East Wales region of 6.3 rooms by 2027/28.

*Table 1 - Endoscopy capacity gap by 2027/28*

	2027/28		2027/28		2027/28 Rooms
	D&C "balance"	Backlog (one time)	D&C "balance"	Backlog (one time)	D&C "balance"
Recurrent	25695	107688	50 per week	10,769 total	<b>6.3</b>
Non Recurrent	25071	90151	49 per week	9,016 total	<b>6.1</b>

The ability of the infrastructure to accommodate up to six endoscopy theatres plus associated recovery and supporting space needs to be considered in ascertaining which option delivers a sustainable solution to the capacity shortfall across the region. The regional endoscopy plan sets out the proposals to meet the shortfall across the region, incorporating health board short and medium term developments and sets out the residual gap to be commissioned from the regional facility once this is operational.

#### 2.2.2 Radiology

Demand and capacity modelling has been undertaken as part of the Community Diagnostic Hub (CDH) work stream, jointly by Cardiff and Vale, Aneurin Bevan and CTM UHBs. It is recognised that understanding regional demand and capacity is complex due to the variation in working practices between organisations.

The demand and capacity exercise undertaken in 2023 highlighted a capacity as set out in the table below.

*Table 2 - Annual regional capacity gap*

Modality	Capacity gap (scans)
CT	47,383
MRI	19,844
NOUS	72,833

This exercise is currently being refreshed by the Health Boards, and it is intended to deliver a regional radiology plan by July 2025, based on common definitions and capacity assumptions. This refreshed exercise will also now take account of capacity and opportunities available at Velindre University NHS Trust.

The current assumption for the health park is that it will comprise a community diagnostic hub for the Cwm Taf Morgannwg area. The pathway work within CTM indicates the desirability of a future proofed service by including two MRI and two CT scanners in the design and infrastructure solution (potentially with the second scanners included as shells within the building for straightforward future development). In addition, up to four ultrasound rooms will be included within the design, alongside a number of procedure and clinical rooms.

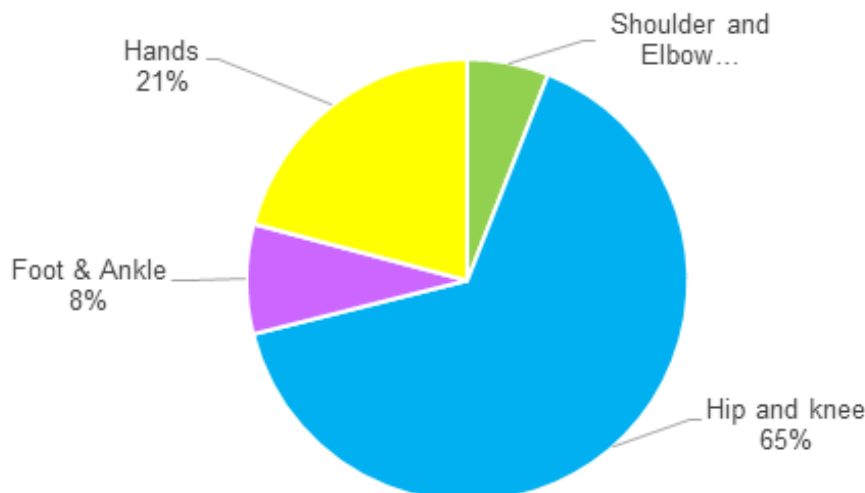
### 2.2.3 Orthopaedics

The South East Wales Regional Orthopaedic Programme has led on the confirmation of the clinical model and clinical specification for the elective inpatient orthopaedic unit. This work is being reviewed and updated to present to Boards in Q2 of 2025/26

The Programme has analysed anticipated demand data from each health board and considered the suitability of patients. It has been concluded that between 77- 85% of residual elective activity may be suitable for treatment at LHP.

Based on regional demand and capacity, hips and knees are reported as the largest proportion of the waiting lists across SE Wales region (65%), therefore an arthroplasty unit would have the most positive effect on the region’s waiting list.

*Figure 1 - Orthopaedics waiting list (% by procedure)*



## 2.2.4 Day Surgery

Currently, each health board has its own dedicated day surgery units, except for CTMUHB, where the Royal Glamorgan Hospital lacks such a facility. This leads to mixed lists and no dedicated space for day surgery, reducing efficiency. To address this, it is proposed to establish a dedicated day surgery hub at LHP. This hub (separate from the arthroplasty hub) would aim to increase the number of procedures done as ambulatory day surgeries, leading to better patient outcomes and higher treatment volumes.

## 3. Why Llantrisant Health Park

The demand and capacity analysis clearly demonstrates shortfalls in capacity across the region. In addressing capacity challenges, it is essential that existing facilities are maximised before consideration of investment in additional assets. Within CTMUHB, estate challenges, the need for consolidation and the limited space for protected day surgery are drivers for a new site solution.

LHP has the potential to:

- Provide capacity for CTMUHB to consolidate day case activity
- Provide additional capacity for regional diagnostics and orthopaedics
- Provide an opportunity to develop and test best practice models for Wales
- Provide a centre for training to support the region in meeting workforce shortfalls, working in partnership with HEIW.

The vision is to create a standalone site for high volume low complexity care and diagnostics that provides uninterrupted, effective, efficient services to address capacity shortfalls. The orthopaedic element will see the creation of a stand-alone elective surgical hub in a dedicated building, that will undertake high volume low complexity (HVLC) procedures.

The LHP building is located adjacent to the Royal Glamorgan Hospital, but is separate from any acute provision. The proximity to the hospital site will enable greater flexibility in determining the eligibility criteria for patients to be treated at LHP - this can increase the cohort of qualifying patients and make a greater impact on waiting times than for a centre which is more remote from supporting acute services. Despite being separate, the site is directly adjacent to Royal Glamorgan Hospital which will provide essential support and promote efficiency on site. LHP is easily accessible from the road network.

The LHP facility will be utilised to undertake both core and additional capacity for CTM and additional capacity for the region. For CTM there are significant efficiencies that can be realised in taking day surgery activity from an acute site and providing it from LHP, as well as in co-locating with orthopaedic theatres in terms of plant and infrastructure. The benefits in location of the unit should see much improved day case conversion numbers and an improved patient experience. The proposal would be to offer capacity to regional partners and develop a collaborative model of regional day case service delivery.

Within the Surgical Hub, the challenge is to move away from a traditional inpatient concept, and to move to an ambulant patient model in a fully supportive environment, thereby optimising outcomes and length of stay. The proposed LHP model will adopt the following principles:

- Clinical pathways and supporting infrastructure designed to meet GIRFT Surgical Hub accreditation, including flexibility to support future innovation
- Planning based on 'zero-day' length of stay as default

- Standardised clinical pathways
- Productivity meeting or exceeding GiRFT guidelines.
- Supporting physical infrastructure that is comfortable but will not encourage unnecessary overnight stays.
- Ring-fenced unit and staff.
- Activity delivered through regular, job-planned consultant sessions
- A multi-disciplinary team approach, using competency frameworks to support staff working across traditional role boundaries.
- Stand-alone unit philosophy, with the Royal Glamorgan Hospital supplying logistics only.

It is critical that throughout the design process the teams continue to engage with and learn from exemplar units from across the United Kingdom and even further afield to support the development of forward thinking and innovative clinical pathways feeding into the physical infrastructure. The protocols developed alongside this will be clinically developed and support standardisation, innovation and patient safety with senior clinical MDT sign off throughout. This development model is also being developed for both endoscopy and imaging services as part of the proposed CDH.

## 4. The programme investment objectives and benefits

In considering the strategic drivers for change and the increasing demand for services, a series of investment objectives have been developed as set out below:

- To deliver a high-volume low-acuity elective model of care for the south east Wales region on a phased basis. The first phase to focus on the following core services with services operational by the end of the 2027/28 financial year.
  - ◆ Elective orthopaedic arthroplasty
  - ◆ Day Surgery
  - ◆ Imaging
  - ◆ Elective Endoscopy screening
  - ◆ Future phases to consider further regional services.
- To maximise clinical capacity on the LHP site, ensuring that the maximum amount of available space is directed towards direct service delivery with supporting services managed from the neighbouring Royal Glamorgan Hospital site.
- To facilitate and support the use of innovative design and delivery solutions in both clinical and non-clinical services. To implement standardised regional protocols and practices to promote efficient service delivery offering improved value for money reported via comprehensive patient level costing over the English tariff
- To develop a new model of care and workforce models to support the delivery of the core services, the models will support efficient delivery of services
- To deliver a sustainable infrastructure on the site maximising decarbonisation and net zero opportunities.
- To enable further opportunities for future additional service provision for the region and for further regional coordination / possible estate rationalisation.

The key benefits to be delivered by the development will therefore be:

- Reduced waiting times for patients awaiting diagnostic tests and elective treatment
- Additional sustainable capacity for the NHS across Southeast Wales to meet demand for elective and diagnostic services
- Greater certainty of planning for health boards, with reduced reliance on short term / premium cost capacity solutions and improved options for future development
- Optimised workforce planning and improved recruitment and retention in key services
- Improved efficiency of services and better value for money from public investment

## 5. Proposed delivery model

Following the purchase by CTM UHB of the LHP site in February 2023, a design team was appointed and work commenced on developing the scope and design of the proposed service development.

### 5.1 Capital development

The development proposal for the site has focussed on use of NHS capital for the surgical hub (containing the theatres and wards and all associated supporting space) and a capital build but revenue managed service contract for the equipping and staffing of the regional diagnostic hub. This ensures a continuity of build for the main infrastructure but provides flexibility for the service provider in specification of equipment and overall operational management of the building.

The capital development process commenced shortly after the successful lease surrender negotiations with the incumbent tenant, BAAE. For this first 4 months a series of intrusive and extensive building and site surveys took place to inform how the design was to progress. This led to an early option appraisal and conclusion that the best option for the programme would be to replace the existing buildings on site which were over 20 years old and designed for light infrastructure only, with modern purpose designed and built infrastructure that could provide a further 60 year life.

The replacement of the existing buildings removed constraints over size, layout and clinical adjacencies to further support the clinical teams to develop efficient and clinically tested layouts to maximise efficiencies in working and supporting the requirements for GiRFT and JAG accreditations. Opportunities to build in efficiencies around the infrastructure process could also be realised. Whilst the buildings are proposed to remain on the same footprint within the on-site raised plateau, changes in shape and configuration provide significantly more space whilst still retaining most of the development plateau for a future phase and to support further services moving onto the site.

In January 2025, WG approved the early commencement of demolition, and a specialist demolitions contractor has been appointed to undertake the same. Planning licences are expected to be granted during March to enable demolitions to commence shortly thereafter and complete by late August / early September, this is subject to ecology and planning.

In terms of the main building design, WG undertook a technical infrastructure review at the end of RIBA (Royal Institute of British Architects) design stage 2. Further funding was released to continue to develop the design through RIBA stage 3 with the understanding that, during this stage, a main contractor appointment would be tendered to complete the design process. This is an essential appointment to maintain the pace of the current programme and enable a timely planning application.

The tender process commenced in November and closed on 31st January 2025. Extensive analysis and clarification work was undertaken, and a preferred contractor has been identified.

This is being discussed with NWSSP-SES and WG to enable an appointment by mid March to enable completion of the RIBA 3 design stages to inform the RIBA 3 business case required by WG.

*Figure 2 – Proposed Building Configuration for LHP*



The latest cost plan has been produced at close of RIBA 2, a more updated version will be produced at close of RIBA 3. The latest cost plan is based on benchmarked cost per M2. Once a main contractor is appointed, they will develop the cost plan.

Table 3 shows the current forecast outturn capital cost however as previously stated this is subject to the main contractor appointment.

Within these capital costs, it is assumed that the diagnostic hub is equipped by the appointed private partner. The capital cost of this building is now included in these figures.

*Table 3 - Current forecast outturn capital cost*

Cost Type	Total Cost £000
Works Cost	105,633
Preliminaries & profit	24,926
Fees	17,423
Risk / Optimism Bias	23,479
<b>Sub -Total Excluding VAT</b>	<b>171,461</b>
Inflation Allowance	7,233
Total Including Infl	178,694
VAT	31,816
<b>Total Forecast Cost</b>	<b>210,510</b>
<i>Sunk Costs</i>	9,001
<b>Total Incl Sunk Cost</b>	<b>219,511</b>

The sunk costs refer to the site purchase and all associated costs and design works up to the end of RIBA2. To date circa £14M funding has been approved leaving a balance of £205M to be funded based on this cost forecast.

On appointment of a main contractor partner a more detailed design, cost envelope and programme will be confirmed, and this will all be presented in the RIBA 3 business case.

## 5.2 Revenue

The proposed revenue funding approach to LHP is based on the commissioning of activity from the site both internally and by partners with additionality of cost being met by appropriate revenue uplift linked to population and demand growth.

The assumptions being made include;

- Where activity at LHP is derived from displacing activity from other sites the revenue will follow the patient
- Additional endoscopy activity driven by Bowel Screening will be met by Bowel Screening Wales, commissioned via Public Health Wales
- Demand driven by population growth and increases in activity in planned care and diagnostics need to be met. Funding allocations relating to population assessments are part of negotiations with Welsh Government, it is anticipated that appropriate revenue funding aligned to demographic demand will be provided.

Inevitably there will need to be some additional staffing alongside the estate costs associated with an additional site however there are ways that these can be mitigated and managed, initial staffing for the diagnostic element will be provided via the managed service contract. Efficiencies drawn from the model of delivery will also need to be factored in.

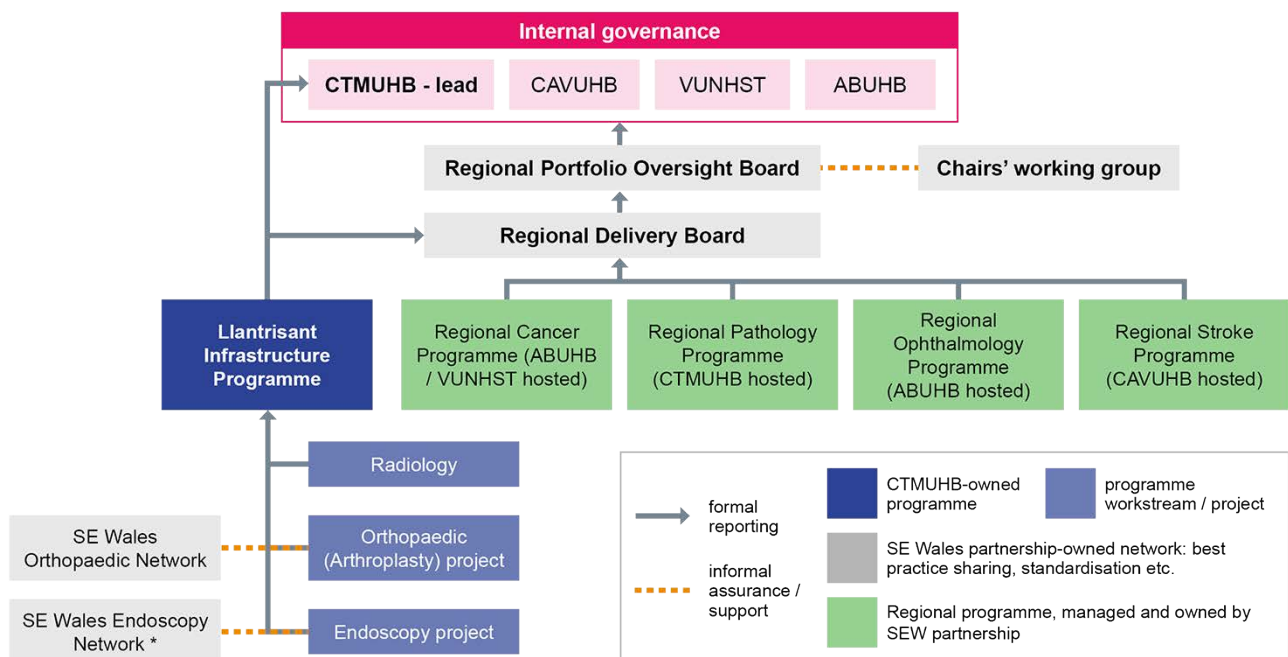
The current working model is for CTMUHB to act as a lead provider managing the site with activity commissioned from all partners. Considerations of the most appropriate governance model will be taken forward through the regional structures.

## 6. Governance

As the legal owners of the site and the responsible organisation for successful site development and implementation CTMUHB stood up an LHP programme early in 2024. The programme has lines of accountability to the CTMUHB Board and onwards to the Infrastructure Investment Board (IIB) of Welsh Government.

Owing to the regional nature of this development the programme is also wired into the wider South East Wales regional planning governance arrangements which are overseen by the South East Wales regional oversight board. This ensures that all partner organisations remain fully engaged and influencing the development. This is articulated in the high-level organogram below.

*Figure 3 - High level programme governance arrangements*



## 7. Timeline and next steps

This strategic overview case which is being commended to all partner Boards and consequently Welsh Government is the precursor to a series of further documents and business cases which all partner Boards can expect to receive in the first two quarters of 2025/26. These key documents and milestone dates are described below.

*Figure 4 - Timeline*



Subject to these timescales being met it is envisaged the main contractor would subsequently start on site in November 2025.

Completion of the diagnostic hub would then be forecast for early 2027 with the surgical hub completed by December 2027.



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**CYFARFOD BWRDD IECHYD PRIFYSGOLN  
ANEURIN BEVAN  
ANEURIN BEVAN UNIVERSITY HEALTH BOARD  
MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	26 March 2025
<b>CYFARFOD O: MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Digital Cellular Pathology
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Paul Solloway – Director of Digital
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Paul Solloway – Director of Digital

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

To request approval of the national business justification case to digitise the Health Boards Cellular Pathology Service.

**ADRODDIAD SCAA  
SBAR REPORT**

Sefyllfa / Situation

The Health Board have been asked by the National Digital Cellular Pathology (DCP) Programme, led by the NHS Executive, and supported by the Health Boards Pathology service, to progress the Digital Cellular Pathology Business Justification Case (BJC) through its governance and approval process.

In addition to the National Programme, a Regional Pathology Programme has also been established with the aim to deliver sustainable, patient-centred, and value-based pathology services by standardising service delivery across the Health Boards, integrating care pathways and ensuring high-quality end-to-end services across the Southeast Wales region.

This paper provides an assessment of the Health Boards identified benefits and costs over the term of the proposed contract, aligned to the national business

justification case. There are also some additional local costs for supported ICT infrastructure, which are identified within this paper.

## **Cefndir / Background**

### **What is Digital Cellular Pathology**

Digital cellular pathology refers to the practice of examining and analysing cells from tissue samples using digital imaging technology, where a microscope slide is scanned to create a high-resolution digital image that can be viewed and interpreted on a computer screen, allowing for remote consultation, enhanced analysis capabilities, and efficient sharing of pathology data compared to traditional glass slides; essentially, it is 's the digital version of traditional cellular pathology, which involves studying cells under a microscope to diagnose disease.

### **Progress To Date**

The National Digital Cellular Pathology Programme has been working with Health Boards for several years to develop the case for change and subsequent business justification case, to support the vision / necessity to digitalise cellular pathology services across Wales. Throughout this journey the National Programme has been successful in securing some incremental capital funding to provide minimal digital scanning capability to Health Boards, including the use of Artificial Intelligence (AI) to support the diagnosis of prostate cancer, with a breast cancer AI trail due to start in the near future.

Whilst this approach has been of benefit to support the development of the longer-term plan across Wales, continuing in this way will not support the longer-term strategic vision to fully digitalise Cellular Pathology services across Wales, neither will it deliver the many benefits that full digitalisation has to offer, including providing the capability to transform patient care by using AI for all types of cancer diagnosis in the future.

The Regional Pathology Programme has also been established in support of the need to digitalise Cellular Pathology services across Southeast Wales. The Regional programme objectives include:

- Collaborative Regional Approach - Foster agreement and cooperation between organisations for a unified pathology service
- Expand Regional Capacity - Address backlog issues and prepare for increasing demand such as the changes to bowel screening, single cancer pathway, impact from endoscopy waiting lists, genomics and any other national initiatives
- Optimise Resources - Ensure efficient use of assets and resources regionally
- Multi-Health Board Access - Enable patients to receive services across multiple Health Boards
- Equitable Access - Provide improved access to diagnostic services and improve services in areas of social deprivation



- Future-Proofing - Leverage digital and innovative solutions for sustainable services
- Timely Access - Implement short- and long-term changes for better, faster service delivery
- Adopt Best Practice - maintain and enhance the best practices ensuring the continuity of high standards across the region

The National Digital Cellular Pathology Business Justification Case has now been developed, and Health Boards have been asked to approve this case to move forward. The Health Board received the final version of the National case in May 2024, the BJC is seeking a full revenue commitment from Health Boards and there is currently no external funding available albeit this will continue to be pursued with Welsh Government.

Following receipt of the BJC, Digital Data and Technology (DDaT) teams, the Cellular Pathology service and the Health Boards pre-investment panel (PIP) have reviewed the case. Feedback has been provided to the National Programme, specifically in relation to the potential of additional costs for the Health Board, and whilst this feedback was responded to the BJC has not been updated to include the full costs for the Health Board. The basis of this decision is that some Health Boards have already progressed the case through their governance / approval process, changing the case now would mean a repeat of this process, specifically Cardiff and Vale University Health Board (CAVUHB). Local costs will also be variable depending on current infrastructure and resourcing. The National Programme have confirmed no further changes will be made at this time and have asked the remaining Health Board's to progress the BJC through their governance structure in its current form.

### **Asesiad / Assessment**

The National Pathology Programme and Health Boards Pathology service is seeking a decision from the board on its position to proceed based on the indicative investment set out below. The following options are available at this time:

#### **Option 1 - Do Nothing**

This option presents that the Health Board opts to not proceed with the Digital Cellular Pathology Business Justification Case.

#### **Benefits:**

No benefits will be realised.

#### **Risks:**

- Future of ABUHB's CellPath service will be at risk – if the rest of Wales move to digital, it will severely impact the Health Board's ability to provide a Cellular Pathology service (staff resource and capability/skill). Staff are likely to seek employment in other digital Health Boards / Trusts, and skill set to maintain



current operations will be depleted over time. This will mean there would be future costs for the Health Board to outsource Cellular Pathology services.

- Current scanners out of support / contract early 2026 – loss of current functionality.
- Lack of future opportunity i.e. AI.
- Increased digital immaturity.
- Reputational damage if the Health Board do not deliver against the National and Regional ambition for Digital Cellular Pathology.

## **Option 2 – Approve the National Business Justification Case**

This option presents that the Health Board opt for the National Programme to proceed with procurement of a new digital cellular pathology solution and agrees to the costs detailed below. This option is also aligned to the aims and objectives of the Regional Pathology Programme for Southeast Wales.

### **Benefits:**

#### Safety and Efficiency:

- Reduced Turn Around Times (TAT) for diagnosis by 1 day due to more efficient workflow.
- Reduced time to request additional staining due to availability of digital image.
- Supported clinical reporting with AI software.
- Reduced clinical appointments.
- Second opinions obtained in a more efficient manner due to availability of digital images.
- Reduced need of repeating tissue collection from lost, damaged or misfiled slides.
- Reduced workforce time spent double handling slides, due to the number of re-worked slides being reduced.
- Reduced risk of slides being lost in transit.
- Workforce efficiencies in the laboratory due to eradication of compiling cases processes.
- Time saved in slide filing and retrieval.
- Reduced workforce time required to search for and share case information.
- Reduced workforce time required to send slides.
- Reduced workforce time to unpack and deliver slides to Pathologist for reporting.
- Reduced workforce time spent delivering post to the lab.
- Reduced workforce time to link individual cases for H&E and IHC/special stains.
- Reduced workforce time spent on reporting frozen sections.
- Reduced workforce time spent peer reviewing slides due to sharing of digital images.
- Reduced workforce time required to prepare for multi-disciplinary team meetings.

#### Financial:

- Reduction in the number of re-worked slides.



- Reduction in expenditure for additional staining.
- Reduced spending on postage and transport of slides to other Health Boards and third parties.
- Reduced costs for storage/retrieval of slides.
- Reduced expenditure on microscopes.
- Reduction in workforce due to efficiencies 0.9 x B4 (yr 3).

Sustainability:

- Recruitment & retention - reduced reliance on outsourcing Consultants in the upcoming years.
- The Pathology directorate will maintain its ability to conduct training programmes for Pathologists.
- Reduced workforce travel – reporting remotely.
- Reduced reliance on accommodation allocated in hospital sites with a flexible workforce.
- Reduced CO2 emissions – less travel/transport.

The total predicted cash and non-cash releasing savings are shown below:

<b>Cash Releasing</b>	<b>Per Annum (£)</b>
Reduced need for re-worked slides	3,600
Reduction in expenditure for additional staining	5,400
Reduced spending on postage and transport of slides to other HB's and third parties	405
Reduced costs for storage/retrieval of slides	15,400
Reduced expenditure on microscopes (Capital)	31,000
Reduction in workforce due to efficiencies 0.9 x B4 (yr 3)	30,055
<b>TOTAL Cash Releasing savings</b>	<b>85,860</b>

<b>Non-Cash releasing</b>	<b>Per Annum (£)</b>
Workforce efficiencies in the lab due to eradication of compiling cases process	20,482
Reduced workforce time spent peer reviewing slides due to sharing of digital images	134,490
Time saved in slide filing and retrieval	32,131
Reduced workforce time required to search for and share case information	4,331
Reduced workforce time spent delivering post to the lab	4,341
Reduced workforce time to link individual cases for H&E and IHC/special stains	6,207
Reduced workforce time to unpack and deliver slides to Pathologist for reporting	7,681



Reduced Workforce time required to prepare for MDT meetings	33,395
Reduced workforce time spent on reporting frozen sections	4,138
Reduced workforce time required to send slides	16,698
<b>TOTAL Non-Cash Releasing savings</b>	<b>263,894</b>

**Risks:**

- Change fatigue – there are several digital programmes of work ongoing with Pathology at the same time, including Blood Transfusion system replacement, LIMS 2.0 and procurement of a new mortuary system.
- Costs - could vary following procurement – final costs will be brought back to executive team but should not exceed what is included in the BJC.
- Benefits - will need to be reviewed when a supplier / solution is selected.
- Timeline – without a detailed plan the timeline in the BJC could change which may result in the Health Board requiring an extension of the current scanners to maintain service.
- Quality – of the solution cannot be confirmed until a supplier / solution is selected.

**Financial Position**

Cost Summary REVENUE	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	34/35	Total
ABUHB Revenue Costs	99,000	683,000	635,000	623,000	636,000	650,000	664,000	676,000	518,000	518,000	5,702,000
Cash Releasing Benefits	0	55,805	55,805	85,860	85,860	85,860	85,860	85,860	85,860	85,860	712,630
Net Cost to ABUHB	<b>99,000</b>	<b>627,195</b>	<b>579,195</b>	<b>537,140</b>	<b>550,140</b>	<b>564,140</b>	<b>578,140</b>	<b>590,140</b>	<b>432,140</b>	<b>432,140</b>	<b>4,989,370</b>
Non-cash Releasing Benefits	0	263,894	263,894	233,839	233,839	233,839	233,839	233,839	233,839	233,839	2,164,661
Net Cost-Benefit	<b>99,000</b>	<b>363,301</b>	<b>315,301</b>	<b>303,301</b>	<b>316,301</b>	<b>330,301</b>	<b>344,301</b>	<b>356,301</b>	<b>198,301</b>	<b>198,301</b>	<b>2,824,709</b>

Additional costs not included in the national BJC are the local investment required for ICT infrastructure, particularly the network and edge computer room require investment to support a full move to digital:

Cost Summary CAPITAL	25/26	26/27	27/28	28/29	29/30	30/31	31/32	32/33	33/34	34/35	Total
ABUHB Capital Costs	72.4	0	0	0	0	0	0	0	0	0	72.4

The National DCP programmes is a key dependency to meet the Regional Programme’s objectives including:

- Integration into the All-Wales Laboratory information Management System.
- The ability to enable each laboratory in the Network to be electronically linked to one another to facilitate the referral of work across the network.
- Appropriate infrastructure to support the use of digital technologies.
- Appropriate digital storage to support the use of digital technologies and fulfil regulatory storage requirements.
- Business intelligence tools to monitor demand and capacity, that will enable a timely response to changes in clinical services.

**Argymhelliad / Recommendation**

It is recommended that the Board APPROVES the national BJC, noting the additional costs and benefits detailed within this paper. Next steps will involve the procurement



of the digital solution in the new financial year (2025/26). Further work will be undertaken locally to ensure benefits can be achieved through implementation with the chosen supplier.

The Clinical Support Services division is fully supportive of this case and the necessity to move to a digital platform.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3. Effective Care 3.4 Information Governance and Communications Technology 5. Timely Care
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Business Justification Case
Rhestr Termau: Glossary of Terms:	AI – Artificial Intelligence BJC – Business Justification Case CAVUHB – Cardiff and Vale University Health Board DCP – Digital Cellular Pathology DDaT – Digital, Data and Technology H&E – Hematoxylin & Eosin



	<p>ICT – Information &amp; Communications Technology  IHC – Immunohistochemistry  LIMS – Laboratory Information Management System  MDT – Multidisciplinary Team  PIP – Pre-investment Panel</p>
<p>Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:  Parties / Committees consulted prior to University Health Board:</p>	National Pathology Programme
<p><b>Effaith: (rhaid cwblhau)</b>  <b>Impact: (must be completed)</b></p>	
	<p><b>Is EIA Required and included with this paper</b>  <b>No does not meet requirements</b></p>
<p><b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b></p>	<p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a></p>
<p><b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b></p> <p><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a></p>	<p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs  Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives</p>



# **Business Justification Case for National Digital Cellular Pathology Project Phase 3 – National Scale Up**

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## 1 Executive Summary

### Introduction

It is now clear that digitisation of cellular pathology services is realistically the only option to enable delivery of a robust and sustainable diagnostic cellular pathology service fit for the future. The national move towards scanning of histological material for primary diagnosis and more recently, the adoption of artificial intelligence (AI)/computational pathology to improve the accuracy, reliability and quality of reports, means that most Pathologists, especially new trainees who are already using digital technology, will, in the future, choose to work in departments where digital technology will enhance and underpin their diagnosis thus benefiting the quality of patient care.

The last four years have posed significant challenges to the NHS and the cellular pathology service generally. In particular, it is becoming increasingly difficult to attract and retain suitably skilled professionals and demand is growing, both in terms of volume and the complexity of cases. The impact of the pandemic has resulted in a growing backlog of activity. These factors combined have created a capacity gap and the service urgently needs mitigations to address this and to ensure it is fit for the future.

In addition, Wales are at real risk of falling behind the rest of the UK. Northern Ireland have a fully digitised cellular pathology service and Scotland are almost fully digital. In England, the practice is building up of digital networks. For example, Nottingham, Leeds and surrounding (NPIC), and PathLink (pathlake) Midlands, Norwich area are all fully digital and almost every network is at various stages of deployment.

As clinical and service leads for cellular pathology across Wales, we are therefore requesting your support to procure the most suitable equipment which will help

us mitigate these challenges and ensure we provide a high quality and reliable cellular pathology service for Wales.

The purpose of this Business Justification Case (BJC) is to set out the proposals for Phase 3 of the National Digital Cellular Pathology (NDCP) Project. This will build upon the previous work, where investment in infrastructure and staffing has allowed us to evidence proof of concept, most recently identifying the opportunities and benefits of AI & computational pathology.

We can only progress this and fully understand and realise the related benefits by providing further digital enablement allowing cellular pathology services to digitise services as completely as possible. National Scale Up (to enable full digital reporting) will require investment in scanning and reporting hardware, a laboratory management software system, digital image storage and staff resource.

This document seeks approval to undertake full procurement of the new solution and commitment to provide the following funding:

- **Non-recurring revenue funding of £423,000 requested from Health Boards (£71,000 per HB)** for the implementation costs associated with the project team and DHCW support between 2025/26 – 2027/28.
- **Ongoing revenue funding which in total equates to £34.4m between 2025/26 – 2034/35 requested from Health Boards**, related to annual recurring revenue costs associated with the managed service contract for the solution and additional staff required to support Health Boards with the implementation and ongoing management of the solution.

Table 1 Indicative Revenue Costings

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Total
	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Project Team (non-recurring)	101	101	50								251
DHCW Support (non recurring)	34	34	34								101
20% Contingency	27	27	17								71
<b>Non-recurring revenue costs</b>	<b>161</b>	<b>161</b>	<b>101</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>423</b>
Project Team (recurring - contract manager)	57	57	57	57	57	57	57	57	57	57	574
Solution Costs (recurring)	28	3,336	3,103	3,172	3,251	3,333	3,418	3,493	2,525	2,525	28,184
Health Board Additional Staff (recurring)	263	525	525	491	491	491	491	491	491	491	4,749
DHCW Support (recurring)	86	86	86	86	86	86	86	86	86	86	864
<b>Recurring revenue costs</b>	<b>434</b>	<b>4,005</b>	<b>3,772</b>	<b>3,807</b>	<b>3,886</b>	<b>3,967</b>	<b>4,053</b>	<b>4,127</b>	<b>3,160</b>	<b>3,160</b>	<b>34,371</b>
<b>Total costs</b>	<b>595</b>	<b>4,167</b>	<b>3,873</b>	<b>3,807</b>	<b>3,886</b>	<b>3,967</b>	<b>4,053</b>	<b>4,127</b>	<b>3,160</b>	<b>3,160</b>	<b>34,795</b>

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Total	
Apportionment	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
ABUHB	16.32%	72	656	618	623	636	650	664	676	518	518	5,631
BCUHB	17.18%	72	685	645	651	664	678	693	706	540	540	5,874
CTMUHB	11.42%	71	493	466	468	477	487	496	505	394	394	4,251
CVUHB	24.53%	75	930	873	884	903	923	944	963	725	725	7,945
HDUHB	12.96%	71	544	514	517	527	538	549	558	433	433	4,684
SBUHB	17.58%	73	698	657	663	677	692	707	720	550	550	5,986
<b>Total Recurring Revenue Costs</b>	<b>100.00%</b>	<b>434</b>	<b>4,005</b>	<b>3,772</b>	<b>3,807</b>	<b>3,886</b>	<b>3,967</b>	<b>4,053</b>	<b>4,127</b>	<b>3,160</b>	<b>3,160</b>	<b>34,371</b>

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Total
	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ABUHB	27	27	17								71
BCUHB	27	27	17								71
CTMUHB	27	27	17								71
CVUHB	27	27	17								71
HDUHB	27	27	17								71
SBUHB	27	27	17								71
<b>Total Non-Recurring Revenue Costs</b>	<b>161</b>	<b>161</b>	<b>101</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>423</b>

This investment will deliver a wide range of benefits (*please see page 51*), most critically the ability of the service to keep pace with the rest of the UK and enable it to attract and retain the highly skilled staff required to address the growing capacity gaps within the service.

While many of the benefits related to this investment are not easily quantifiable in monetary terms, service leads at each of the Health Boards have identified a range of productivity gains as a result of a more streamlined workflow which will reduce the time currently spent on existing manual processes. A prudent assessment of the total number of hours saved across Wales equates to around £750k of staff time saved each year which can be re-directed to deal with growing demand.

As demand continues to grow in the future, the value of these productivity gains will be even greater and combined with greater ability to attract and retain workforce will increase internal capacity. It is estimated that almost £4million was spent on outsourcing for 23/24 (an increase from £1.2million that was reported in previous version of the BJC). While investment in digital cellular pathology will not necessarily reduce this, as there are multiple factors influencing this expenditure, it will help reduce the risk of increased activity needing to be outsourced to external providers, or covered by expensive temporary staffing, in the future, and the risk of this expenditure increasing in line with growing demand.

In addition to this, realisation of the substantial wider system benefits offered by AI/computational pathology, will only be possible following investment in the digital cellular pathology solution.

## STRATEGIC CASE

### Strategic Context

There is no single pathology service across Wales. Services are delivered through the six University Health Boards (UHBs) and Trusts (N.B. Powys Teaching Health Board has no district general hospitals or associated pathology services therefore pathology services are provided by neighbouring UHBs and Trusts). Pathology services in Wales are being developed in line with the vision set out in the Pathology Statement of Intent 2019 and, more recently, the Diagnostics Recovery and Transformation Strategy for Wales 2023-25.' The National Pathology Programme has been established to deliver these aims and is managed by the NHS Wales Executive (formerly NHS Wales Health Collaborative).

Working as part of the wider National Pathology Programme, the NDCP Project was set up to capitalise on a previous investment to modernise Cellular Pathology services at Betsi Cadwaladr University Health Board (BCUHB). The aim of the NDCP Project is to scale up and digitise cellular pathology services as completely as possible for the whole of Wales.

Digital pathology is critical to the ongoing development of an efficient, effective and optimal pathology service that contributes to the delivery of the current national strategy. Crucially, the NDCP Project will support delivery of the **NHS Planning Framework 2023-2026** which builds on learning from the pandemic and sets out Ministerial priorities for the recovery and sustainability of health services. It is similarly aligned with the **Diagnostics Recovery and Transformation Strategy for Wales 2023-25**, published in April 2023, which outlines plans to recover diagnostic services by 2025, addressing the impact of the pandemic, and sets the groundwork for longer term sustainability. This is because the NDCP Project will:

- Provide opportunities to create additional diagnostic capacity to support the National Recovery Programme, a key priority of all Health Boards, which will help reduce the numbers of people waiting for diagnostic tests.

- Provide opportunities to reduce reporting time which will contribute to the achievement of national cancer pathway targets and reduce the backlog of patients waiting too long on their cancer pathway.
- Enable the workforce to operate across boundaries, reducing inequality of access and reducing the pressure on the wider system.
- Utilise digital technology to enable the service to deploy existing and future workforce to best effect, including supporting multidisciplinary teamworking and advanced practice models, while enabling people to develop their careers and work at the top of their license. It will also provide greater opportunities to support hybrid working and 'reporting from home'.
- Ensure that digital, innovation, technology and transformation underpins plans to deliver optimum care and services for patients. The resulting digital solution will provide more opportunities to work with others in line with NHS Wales' approach to innovation. In particular, this will:
  - Enable investment and support for national diagnostic programmes in endoscopy, pathology, genomics, and imaging.
  - Provide opportunities to adopt innovative digital technology solutions including AI/computational pathology.

In supporting the key strategies, the NDCP Project aligns with a number of other national strategies, including (*for more details please refer to page 26*):

- Review of Histopathology Services in Wales (2010)
- National Clinical Framework: A learning health and care system (2021) • The Parliamentary Review of Health and Social Care in Wales. Final Report. (January 2018)
- A Healthier Wales: Our Plan for Health and Social Care (June 2018)
- The Wellbeing of Future Generations (Wales) Act (2015)
- Prudent Healthcare: Securing Health and Well-Being for Future Generations
- Welsh Government's Digital Strategy for Wales (2021)
- Welsh Government's Digital and Data Strategy for Health and Social Care in Wales (2023)

It should be noted that the NDCP Project is critical to Pathology's ability to support ongoing NHS Wales activities and current and future initiatives. In particular, this includes:

- Supporting the elective pathway and enabling NHS Wales to deliver on the associated Recovery Plan depends on the service's capacity to meet target turnaround times
- Supporting public health initiatives such as screening programmes and the cancer pathway, depends on the service's ability to meet target turnaround times
- Genomics pathway – histological identification and classification of a tumour by histopathologists is paramount in delivering a precise and accurate genomic profile
- R&D – pathology has steadily expanded its role in tumour diagnostics and beyond from disease entity identification via prognosis estimation to precision therapy prediction. Recent applications for the analysis of molecular profiling data from different sources and clinical data support the notion that

AI/computational pathology will enhance both histopathology and molecular pathology in the future

- Developing the role of advanced practitioners requires input from pathologists, which a digital cellular pathology solution could support
- Supporting the development of regional diagnostic hubs depends on the service capacity to deliver on turnaround times and having the appropriate infrastructure in place to support regional working. It is essential that we have an integrated and standardised cellular pathology service for Wales to provide a robust and reliable service for the future
- Ongoing transformation initiatives such as regionalisation and a 'Centre of Excellence' as outlined below
- Recruitment will be very challenging if Wales is not utilising digital technology within the next few years. Many cellular pathology national quality assurance schemes are already using digital technology. Within the next few years, it is anticipated that the RCPATH exam for Consultant Histopathologists will be based on digital technology rather than glass slides
- Allowing working from anywhere in the UK which allows greater potential for working when convenient (potential additional hours worked) and would allow for collaboration

There are two ongoing regionalisation pieces of work, both require digital cellular pathology as key enablers. The ARCH (A Regional Collaboration for Health) Project in South West Wales plans to merge the departments in Hywel Dda and Swansea Bay University Health Boards into a single managed network. The South East looks to do the same with a similar project bringing together the cellular pathology services from Cwm Taf Morgannwg, Cardiff and Vale and Aneurin Bevan University Health Boards. Both will require digital pathology to be able to report cases from any laboratory by the combined reporting capability in the network. Digital pathology has proved a key facilitator in the successful regionalisation of cellular pathology services in BCUHB.

Genomics Partnership Wales, All Wales Medical Genomics Service, Pathogen Genomics Unit (PenGU), Wales Gene Park and Public Health Genomics Programme, have moved to a bespoke modern facility at Cardiff Edge Science Park, Coryton. Co-localisation with cellular pathology will create a 'Centre of Excellence' that will be of benefit to patients by making progress in terms of precision medicine as well as creating a bioscience park that will be of huge benefit in terms of recruitment and retention as well as future collaborative work with university and third sector companies. This requires a digital pathology service to fully realise the benefits.

### Spending Objectives

The following spending objectives and associated benefits have been identified based on the aims of the overall NDCP Project and specifically the goals of Phase 3 which are informed by the strategic context.

Table 2 Spending Objectives

SO1	Build a standardised, robust and sustainable cellular pathology service for the whole of Wales
SO2	Introduce national scanning equipment with the capability to fully digitise cellular pathology service for Wales with a footprint that allows for service increase over the next seven years

SO3	Fully integrate with both the current All Wales Laboratory Information Management System (LIMS) and its successor
SO4	Enable reporting and review of any case from any location, using any device.
SO5	Enable rapid, specialist, second opinion both internal and external to Wales
SO6	Enable the routine use of Artificial Intelligence, Machine Learning and Deep Learning to enhance diagnosis, teaching and research
SO7	Build stronger relationships between NHS, Academia and Commercial Partnerships

**Existing Arrangements**

Cellular pathology services in Wales processed more than 1 million slides in 2022/2023, with actual and forecast growth suggesting that by 2025/26 the service will be processing approximately 1.5 million slides.

The forecast growth in activity is compounded by the increasing complexity of the workload along with an increasing proportion of urgent specimens being processed and the number of tests per specimens generally increasing. As a result, turnaround times are slower and there are increasing backlogs of cases in all

Health Board areas. Services face increasing challenges in achieving target turnaround times of 7 days for Urgent Suspected Cancer (USC), 14 days for urgent and 28 days for routine specimens.

Increased turnaround times have a significant negative impact on patients and the wider system creating the following risks:

- Costly cancellations and stressful appointment delays when results are not ready.
- Additional anxiety for patients and their families awaiting results.
- Diseases, especially cancer, become more advanced while patients are waiting for results.
- Prioritising urgent specimens to meet cancer and screening targets has a significant impact on turnaround times for routine specimens. This increases the risk of a delayed diagnosis of cancer in samples clinically thought to be benign
- The General Medical Council (GMC) undertook a national training survey in 2023 and reported an increase in burnout for histopathology trainers (25% high risk, 62.5% moderate to high risk).

The increased turnaround times also mean that fewer specimens can be processed within existing capacity and this has contributed to a growing backlog of cases, placing the staff and service under additional pressure. Work is ongoing to accurately quantify the extent of the capacity gap. However, given the forecast growth in volumes, prioritisation and complexity of cases, it is clear that significant mitigation measures are urgently required at all Health Boards to address this.

Outsourcing adds to the pressure as well as dramatically increasing costs - it is estimated that almost £4million was spent on outsourcing for 23/24. Unless action is taken to facilitate an all-Wales digital service, this cost will inevitably increase rapidly.

This is particularly difficult given the ongoing challenges recruiting and retaining appropriately skilled workforce. There is a well-documented shortage of diagnostics professionals across the UK and various studies have identified specific issues related to the pathology service in Wales. This results in a high dependency on outsourcing of work to locums or external providers to mitigate workforce capacity gaps, which increases costs and impacts on service quality, and has a very negative effect on staff morale and reputation of the service.

A large proportion of the workforce are approaching retirement age or have already retired and returned to the service. There are 20 substantive pathologists are over the age of 55 and over 8 of these have already retired and returned. Pathology is a highly specialised field, and it takes around a decade to train a pathologist from scratch and the service competes with other disciplines for trainees from the reducing number of junior doctors who successfully complete foundation training and progress into specialty training. Many trainee pathologists are now using digital pathology and are likely to seek employment in departments where digital technology is available to support and enhance their diagnosis. Mitigations are therefore urgently required to address these ongoing workforce risks.

Currently the reporting for this service is largely based on the traditional method of glass slides and light microscopes. Gathering slides and reports for multidisciplinary team (MDT) meetings and for sending out to specialists for second opinion is time-consuming and often causes delay. Irreplaceable diagnostic material can also be lost or damaged in transit – digital imaging removes this risk.

Technological advances in the digitisation (scanning) of glass microscope slide preparations have reached a level of quality, efficiency and effectiveness where immediate adoption in NHS diagnostic cellular pathology services is now not only possible, but is essential to keep pace with the rest of the UK. Digital pathology is fundamental to support the pathologists in decision making and while AI/computational pathology is not designed to replace the pathologists, the use of AI/computational pathology tools has already shown improvements in quality and capacity in the service as detailed below.

The NDCP Project was established to modernise cellular pathology services in Wales and to maximise the use of digital technologies nationally. To date, two phases have been achieved:

**Phase 1: Rapid Evaluation and Verification** – demonstrated proof of concept and confirmed accuracy.

**Phase 2: Partial National Scale Up** – partial procurement and installation of digital equipment for each of the Health Boards.

Each Health Board is currently connected to the digital hub in a spoke model and has some limited scanning capability. There is irrefutable evidence that the digital technology delivers many benefits as already experienced in BCUHB who are acting as a pilot site for digital pathology in Wales. Scanners are currently in everyday use in BCUHB and are being used to scan routine and cancerous slides enabling both on site and remote digital reporting. Images of scanned slides are shared at MDTs, and cross site working with Swansea Bay University Health Board (SBUHB) is enabling rapid reporting of digital images by the All Wales Lymphoma panel reducing from 2 weeks to just 24 hours. The All Wales Lymphoma panel is only partly supported by digital cellular pathology, for instance cases referred to the panel from BCUHB will be seen much quicker than those from ABUHB, which results in an inequitable service for patients until a digitisation is scaled up across all Health Boards.

BCUHB have successfully completed Phases 1 and 2 of a Small Business Research Initiative (SBRI) Project where AI has been successfully used to pre-analyse prostatic biopsies and triage malignant cases for early reporting. Phase 2 of the Project included rolling out to SBUHB and ABUHB and over 1900 prostatic cases were scanned between the 3 Health Boards. The project has recently also been rolled out to Cwm Taf Morgannwg UHB, Hywel Dda UHB and Cardiff & Vale UHB and by mid-May 2024, all Health Boards in Wales will be using the AI platform to assist pathologists in the reporting of prostatic biopsies. The benefits from Phase 2 have shown an improvement in accuracy of around 13% and a possible 50% reduction in the demand for immunohistochemistry (IHC) to support clinical suspicion of cancer, and other benefits are being considered. In BCUHB, the

Moondance Breast AI Project has carried out the validation phase and is now processing breast biopsies and in CVUHB, a pilot project is due to commence shortly for gastric biopsies.

During a visit to BCUHB Cellular Pathology laboratory, the Minister for Health and Social Services, Eluned Morgan said *"we are seeing how AI presents incredible opportunities to transform the way we interact and deliver NHS services. The benefits of using AI to help diagnose cancer has exceeded all our expectations and it is fantastic that six Welsh Health Boards are undertaking further trials of this technology. The IBEX system has shown real promise and the possibilities of what this type of technology can do and how it could be used in the future across a number of suspected cancers is an exciting prospect."*

BCUHB, SBUHB and ABUHB are using voice recognition and command software to improve dissection and report turnaround times by as much as 5 days. Despite the partial success, none of the Health Boards currently has sufficient scanning capability to fully maximise the use of digital technologies.

### **Business Needs**

It is now the intention of the NDCP Project to build on the previous phases by increasing digital scanning, reporting and capacity for Wales in line with the global direction of travel. This includes (*please refer to page 36 for more detailed Business Needs*):

- **Business Need 1:** Procurement of All Digital Pathology Capability
- **Business Need 2:** Determine and Agree a National Image Store
- **Business Need 3:** Management of the Future Digital Hub
- **Business Need 4:** Work with Health Boards to find a Solution for CrossBoundary Working as part of a National Network of Cellular Pathologists
- **Business Need 5:** Work with Health Boards to Develop Workflows and Workforce to ensure maximum benefits are realised from the implementation of the new LIMS

### **Potential Scope and Services**

The NDCP Project agreed that the following would be included within the scope of Phase 3 (*please refer to page 38 for more details on the scope*):

- **Slide scanners**
- **Medical grade screens** (with the appropriate graphics cards).
- **Management systems** (additional software or as part of the scanning package – to include voice recognition)
- **Additional workstations/laptops**
- **Image storage** (investigation of cloud storage options)
- **AI/computational pathology**
- **Standardisation of services** (via Standardisation Group)
- **Adoption of standardised technical standards for image formats**

It should be noted that the procurement scope does not include tissue processors, stainers and other specialist laboratory equipment. These are out of scope since

the standardisation of existing equipment is not currently considered achievable due mainly to cost.

## ECONOMIC CASE

### Options Framework

In accordance with the HM Treasury Green Book and Welsh Government Better Business Cases guidance, a long list of options was identified and evaluated against spending objectives and critical success factors using the options framework. The results of this are presented in the following table:

Table 3 Options Framework

Project	Do Nothing	Do Minimum	Intermediate	Do Maximum
<b>1. Service Scope</b> <i>As outlined in Strategic Case</i>	All cases are reported using microscopes and glass slides. Would leave Wales behind the rest of the UK and could lead to collapse of service	Most cases are reported using microscopes and glass slides plus some limited digital reporting.		Most cases are reported digitally.  Would ensure Wales keeps pace with rest of cellular pathology global community
	<b>Carried Forward</b>	<b>Carried Forward</b>		<b>Preferred Way Forward</b>
<b>2. Service Solution</b> <i>In relation to the preferred scope</i>	Return to previous process (glass slides and microscope)	Partial procurement and installation of digital capability for each Health Board.		National scale up of digital capability including image storage and digital hub solution.
	<b>Carried Forward</b>	<b>Carried Forward</b>		<b>Preferred Way Forward</b>
<b>3. Service Delivery</b> <i>In relation to the preferred scope and service solution</i>		NHS Wales purchases equipment and support provided via a maintenance contract		Fully managed service contract where provider owns and manages the digital solution
		<b>Carried Forward</b>		<b>Preferred Way Forward</b>
<b>4. Implementation</b> <i>In relation to preferred scope, solution and method of service delivery</i>		Phased approach in which HBs transition one at a time		Big Bang approach in which all HBs transition together
		<b>Preferred Way Forward</b>		<b>Discounted</b>
<b>5. Funding</b> <i>In relation to preferred scope, solution, method of service delivery and implementation</i>		Fully capital funded	Combination of capital and revenue funded (NHS owned asset/revenue model)	Fully revenue funded
		<b>Discounted</b>	<b>Carried Forward</b>	<b>Preferred Way Forward</b>

## Main Options

The resulting shortlist of options comprises:

- **Do Nothing:** Return to the pre-Project position with cellular pathology services reporting all cases using microscopes and glass slides. This would put the service at considerable risk and is no longer a viable option.
- **Do Minimum:** Continue with existing arrangements whereby cellular pathology services continue to report most cases using microscopes/glass slides and perform some digital reporting using current limited digital capability. This would require two pathways to operate simultaneously and would be prone to error and considerable inefficiency.
- **Intermediate - Capital and Revenue Funding Model:** Cellular pathology services utilise as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution, along with AI/computational pathology functionality. Funded through a combination of capital and revenue funding.
- **Preferred Way Forward - Fully Revenue Funded Managed Service Model:** Cellular pathology services utilise as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution, along with AI/computational pathology functionality. Funded through a fully revenue funded managed service option.

## Options Appraisal

An economic appraisal was prepared to determine the value for money of the shortlisted options. This was based on indicative costs, benefits and risks which were estimated in accordance with the level of information available at this stage in the process. An overview of the results is presented in the table on page 58.

## Preferred Option

Based on the financial and non-financial analysis outline in the Economic Case, the Preferred Way Forward delivered via a fully revenue-funded model, which reflects a cellular pathology service that utilises as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution, along with AI/computational pathology functionality.

It will improve sustainability and equity of the service ensuring realisation of Project benefits including:

- Sustainable, equitable, and future proofed cellular pathology service across NHS Wales
- Ability to report nationally across Health Board boundaries to realise the Project ethos of any Consultant, reporting any case, from any location
- National image sharing
- Improvement in attractiveness of service for recruitment and retaining of staff
- AI/computational pathology can be utilised to support the pathologists and improve the quality and efficiency of clinical diagnosis
- Supports delivery of Single Cancer Pathway targets as detailed in 'A Cancer Improvement Plan for NHS Wales 2023-2026'
- Utilise digital equipment purchased during Phase 1 & 2
- Utilise integration developed between current and new LIMS

- Improved quality and drive innovation through AI/computational pathology
- The sharing of specialist clinical resource/expertise through improved digital networking of services in Wales progressing towards a proposed national network of cellular pathologists
- Greatly improved rapid access to different specialities as already demonstrated by referral of digitalised lymphoma cases between BCUHB and SBUHB and digitally supporting MDTs for national screening services such as cervical cytology from a remote site.
- Improve patient care through the use of a national digitalised network, facilitating quicker second opinions and facilitate cross boundary working
- Improved MDT preparation by eliminating time spent collating cases for MDT review also saving laboratory staff time retrieving slides from file storage and re-filing following review.
- Enable pathologists to interact easier with colleagues e.g. virtual multi-disciplinary team meetings and virtual review of cases online.
- Improvements in education, training (both in class and virtual) and for presenting at MDTs, tumour boards, audit etc
- Aligned to international direction of travel for the service
- Heat mapping and annotation of images will assist with identifying areas for molecular genetics improving precision medicine
- Reduce risks associated with HTA regulations on slide storage

## COMMERCIAL CASE

### Procurement Route

Three procurement models were considered as part of the options framework:

- 1) Traditional purchase and service support model
- 2) Managed service provider model
- 3) Hybrid model:

The managed service provider model has been selected as the preferred way forward. The extent of the managed service provider model may be limited, for example with NHS Wales taking ownership of some infrastructure either located in NHS organisations and/or an NHS Data Centre, but with the supplier taking responsibility for management and ongoing service support. As with the traditional purchase and service support model this would involve capital and revenue accounting treatment of costs and associated funding.

Two procurement routes were explored: full tender and a framework agreement. It has been agreed that a full tender process is the most suitable route.

### Procurement Scope and Specification

The principal aim of the procurement is to procure additional software and equipment to create a cellular pathology service that will maximise the use of digital reporting, replacing as much of the existing traditional microscopy service as possible. The scope of the procurement includes (*please refer to page 38 for a more detailed description*):

- **Slide scanners**

- **Medical grade screens**
- **Management systems**
- **Additional workstations/laptops**
- **Image storage**
- **AI/computational pathology solution**

It should be noted that the procurement scope does not include tissue processors, stainers and other specialist laboratory equipment. These are out of scope since the standardisation of existing equipment is not currently considered achievable due mainly to cost. The final specification will be agreed following pre-tender engagement with suppliers.

### **Timeline for Procurement**

The following table sets out the procurement milestones and complies with all applicable legal requirements.

*Table 4 Procurement Timeline*

<b>Activity</b>	<b>Date</b>
Update specification of requirements	Ongoing
Sign off final specification and agree award criteria	April 2025
Publish ITT	April 2025
ITT response deadline	June 2025
Evaluation of responses	June - October 2025
Contract award	November 2025
Contract start date	April 2026 (staggered across Health Boards)

### **Payment Mechanism**

Payment mechanisms will be confirmed with the preferred bidder.

### **Contractual Arrangements**

The final contractual arrangements will be confirmed with the preferred bidder.

### **Legal and Personnel Implications**

A Programme Manager will be appointed to lead the Procurement Project working to the National Pathology Portfolio Programme Lead.

It is likely that specific individuals will be involved across multiple activities. The combined staff and consultancy team will cover the following roles for the procurement:

- **Digital Cellular Pathology Project Team:** Comprising the Senior Responsible Owner, National Pathology Programme – DCP Clinical Lead, National Pathology Portfolio Programme Lead, Programme Manager, Senior Project Manager, and Senior Project Support Officer

- **Procurement Project Team:**      NWSSP      Procurement Project  
Manager/Category Manager will be appointed to manage the Project and deliver the planned outputs as expected within quality, time and budget constraints. The Procurement Project Manager will report to the Programme Manager and be supported by the Project Team.
- **Health Board representatives** (Pathologist, Manager and IT)
- **DHCW Representatives**  
Other representatives will be co-opted as appropriate

Each Health Board has a laboratory manager and a clinical lead who act as digital pathology champions from within their laboratory. The work done so far with AI/computational pathology implementation has benefited from a "do once and share approach" which also supports national standardisation. The role in the local laboratories is not envisaged to be full time position but a duty required by all laboratory managers as part of the modernisation of pathology. Each laboratory will already have a quality manager in place who should be able to help support the quality/regulatory and assurance work required. The NDCP Project will assist in developing documentation such as SOPS/risk assessments and governance documents. Also, included in the Health Board revenue costs is Band 3, Band 6 biomedical scientist (BMS) and a part time Band 7 IT (one day per week) which will also form part of the membership.

It is not expected that any Phase 3 activities will fall under TUPE – Transfer of Undertakings (Protection of Employment) Regulations 1981.

## FINANCIAL CASE

### Affordability Analysis

Indicative costs have been estimated at this stage based on current market knowledge and resourcing requirements. Costs are outlined in Appendix F1, and a detailed explanation of the costing methodology is included above. In summary:

- **Solution costs:** Procurement of a managed service contract to provide digital scanners, workstations, other hardware, integration with other systems, software, training and the ongoing storage and service to maintain the system. Costs at this stage are based on the results of recent market testing.
- **Project Team:** Including non-recurring costs of Programme Manager and Senior Project Support Officer and recurring costs of NWSSP Procurement Project Manager/Category Manager. It is assumed that the National Pathology Portfolio Programme Lead and Senior Project Manager will continue to be funded through the National Pathology Programme budget.
- **DHCW Support:** Non-recurring and recurring costs based on anticipated DHCW requirements for Lead Engineer Networking, Support Integration, Development Integration and Infrastructure Design roles.
- **Additional Health Board Staff:** Ongoing cost of a Band 6 BMS, Band 3 Healthcare Support Worker and 1 day per week of Band 7 IT support for each Health Board.

Based on these assumptions, it is anticipated that funding is below: *(please see a more detailed breakdown on page 5).*

- **Non-recurring revenue funding which in total equates to £423,000 requested from Health Boards**
- **Ongoing revenue funding which in total equates to £34.4m between 2025/26 – 2034/35 requested from Health Boards**

## MANAGEMENT CASE

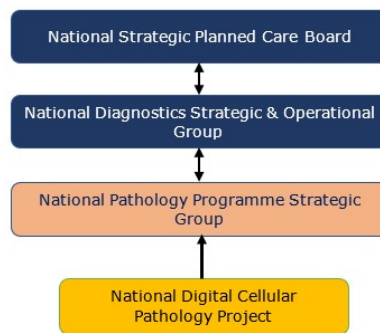
### Project Management Arrangements

The Project is being managed in accordance with the standards set out in Managing Successful Programmes (MSP).

### Structure

The suggested structure to enable the NDCP Project to effectively develop and deliver the “new capability” is outlined in the following diagram.

Figure 1 Structure



### Timescales

The high-level timeline for the Project is set out in the following table:

Table 5 Project Timeline

Tranche 1	Tranche 2	Tranche 3
Pre-procurement	Procurement	Implementation
Apr 24 – Mar 25	Apr 25 – Mar 26	Apr 26 – Mar 27

Standardisation approach	Tender process	Digital hub/storage implementation
Development of the Business Justification Case	Supplier engagement	Implementation in Health Boards (phased approach)
Health Board Executive approval of the BJC (x 6)	Finalise service specification	Training
Update service specification	Contract Award	
	Implementation Preparation	
	Digital hub/storage preparation	
	Recruit HB staff	

### Assurance

The NDCP Project has a Quality and Assurance Strategy developed in accordance with MSP to ensure that all management aspects of the Project are working appropriately and that the Project stays on target to achieve its objectives. Project reviews to be undertaken at the end of each tranche.

### Change Management Arrangements

The NDCP Project is a transformational change Project underpinning the development of modern, safe, sustainable Pathology services the use of innovative systems resulting in sustainable futureproofed services. The Project is aligned to the principles of the Pathology Statement of Intent 2019 and ensures continued alignment through a robust governance structure and reporting mechanism into the National Pathology Programme. Transformational service change forms the basis of the NDCP Project which seeks to deliver the change in a way that is welcomed, supported and embraced by the Pathology service and the wider NHS. The NDCP Project will deliver this through leadership, vision, stakeholder engagement, strong governance, excellent communications and robust plans. Building on lessons learned from Phases 1 and 2, Phase 3 will:

- Appoint an executive level SRO
- Reinforce clinical leadership arrangements, for instance the National Pathology Programme now has a National Clinical Lead and a Clinical Lead for Digital Cellular Pathology
- Strengthen existing membership ensuring IT representation from each organisation
- Formalise DHCW membership
- Continue to update National Diagnostics Strategic & Operational Group at regular intervals
- Continue to work with the Cellular Pathology Standardisation Group to drive the Project forward and ensure Subject Matter Expert (SME)

This approach will ensure the continuation of a robust, governance structure ensuring enabling high quality delivery at pace.

## **Transformational Leadership**

The NDCP Project is providing transformational leadership enabling the Pathology service to create their vision and own the Project at every stage of the process.

## **Health Board and Trust Leadership**

Health Boards and Trusts will provide the leadership necessary for the successful implementation of the new NDCP Service by supporting the following:

- Approval of the BJC at National Strategic Planned Care Board;
- The level of business change required to support the standardisation of services as far as possible to deliver a modern, high quality, safe and sustainable Pathology service;
- Establish a Local Deployment Project team to oversee the implementation and deployment of the new digital enablement and ensure the pathology service has the support and resources it requires to contribute to the Project
- Include NDCP Project in their integrated medium-term plans (IMTPs)
- Enable their pathology services to contribute to the development, testing and validation of the new service;
- Release their staff for training for the new service

## **Management of Requests for Change**

Requests for change can take several forms and will be managed accordingly. Throughout the life of the Project until the new digital service is fully deployed, all requests for change will be recorded in a dedicated Project change log and managed by the Project Team. The Project Team will decide the appropriate route for the change to be dealt with. A decision is needed regarding ongoing arrangements following handover of services to operations, and the ongoing the management of change requests during the managed service contract.

## **Benefits Realisation**

The Benefits Management Strategy developed in Phases 1 and 2 of the Project will continue to be developed and refined to model benefits in more detail, determine methods for measuring them and ensure there is a process for tracking their realisation (see Section 3.8 for list of benefits). It is recognised that this will require buy-in and support from Health Boards.

## **Risk Management Arrangements**

The Risk Management Strategy developed in Phases 1 & 2 of the Project will continue to be developed and will outline how risks and issues will be identified and managed during Phase 3 of the Project. It is recognised that this will require buy-in and support from Health Boards. The Programme Manager will work with key leads to detail potential risks and issues in the Project Plan. A detailed Risk & Issues Register has been developed by the Project Team to assist with risk & issue management throughout the development process. Risks will be assessed and values attributed to each area.

## **Contract Management Arrangements**

The contract will be managed by maintaining relationships with the successful supplier(s) throughout the duration of the Project, including engaging through supplier performance management (SPM). Regular contract review meetings will

be held by NWSSP Procurement Services with input from the working group, using the SPM standardised agenda.

### Post Evaluation Arrangements

The Project has a Quality and Assurance Strategy developed in accordance with MSP to ensure that all management aspects of the Project are working appropriately and that the Project stays on target to achieve its objectives. To complement the Quality and Assurance Strategy, gateway reviews will be planned at the end of tranches 2 and 3, to assure the readiness for service prior to go live and once the project has finished and the new digital service is fully deployed to assess operations and review benefits realisation.

### Contingency Plan

There is a contingency built into Tranche 3 should there be any delays in the implementation of the Project. In the event that the Project fails, the aim will be to ensure business continuity by:

- Exploring the opportunities to contract with another supplier within the procurement, should the supplier fail to deliver;
- Undertaking a re-procurement.
- Ensuring traditional reporting via glass slides and microscope as contingency

## 2 Introduction

### Purpose of Business Justification Case

As outlined in the Executive Summary on page 5, the purpose of this BJC is to set out the proposals for Phase 3 of the NDCP Project. This will build upon the previous work of the Project, where investment in infrastructure and staffing has allowed us to evidence proof of concept, most recently identifying the opportunities and benefits of AI/computational pathology. We can only progress this and fully understand and realise the benefits by providing further digital enablement allowing cellular pathology services to digitise services as completely as possible. National scale up (to enable full digital reporting) will require investment in scanning and reporting hardware, a laboratory management software system, digital image storage and staff resource.

This document seeks approval to undertake full procurement of the new solution and commitment to provide the following funding:

- **Non-recurring revenue funding of £423,000 requested from Health Boards (£71,000 per HB)** for the implementation costs associated with the project team and DHCW support between 2025/26 – 2027/28.
- **Ongoing revenue funding which in total equates to £34.4m between 2025/26 – 2034/35 requested from Health Boards**, related to annual recurring revenue costs associated with the managed service contract for the solution and additional staff required to support Health Boards with the implementation and ongoing management of the solution.

## Structure and Content of the Document

The BJC has been prepared using the agreed standards and format for business cases, as set out in the Welsh Government [Better Business Cases](#) guidance. The approved format is the Five Case Model, which comprises the following key components:

- The **Strategic Case** outlines the strategic context and demonstrates that there is a compelling case for change.
- The **Economic Case** demonstrates that the preferred option best meets the existing and future needs of the service and optimises value for money (VFM).
- The **Commercial Case** outlines the procurement route and the content and structure of the negotiated deal.
- The **Financial Case** confirms funding arrangements and affordability and outlines the impact on balance sheet and income and expenditure.
- The **Management Case** demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality.

## 3 Strategic Case

### Strategic Context

#### *Pathology Overview*

Pathology is involved in 70% of all diagnosis made in the NHS, however, this figure does not reflect the role that pathology has in screening and monitoring and in relation to chronic conditions. Pathology underpins all clinical services and 95% of clinical pathways including those referred from primary and community care rely on patients having access to efficient, timely and cost-effective pathology services, within secondary care. Cellular pathology is also integral to the delivery of precision medicine and genomic services.

During 2018, pathology processed more than 34 million tests at an estimated cost of 1.9% of the total healthcare budget. A key component in the delivery of prudent health services, pathology is an enabler to other Welsh Government health strategies including those in cancer and stroke services.

#### *Organisation Overview*

The NHS Wales Executive is a national support body which has been operational since 1<sup>st</sup> April 2023. Its key purpose is to drive improvements in the quality and safety of care - resulting in better and more equitable outcomes, access and patient experience, reduced variation, and improvements in population health. The NHS Wales Executive will also provide strong leadership and strategic direction through the National Strategic Planned Care Board which is attended by all Chief Executives of UHBs, Trusts, and enabling organisations, providing support and directing NHS Wales to transform clinical services in line with national priorities and standards.

#### *The National Pathology Programme*

The National Pathology Programme is managed by the NHS Wales Executive. The National Pathology Programme was established to:

- Develop and implement a Programme of strategic work which contributes to delivering the vision of the Pathology Statement of Intent 2019.
- Ensure the adoption of all Wales standards and protocols for pathology services in NHS Wales.

The National Pathology Programme Strategic Group, chaired by a CEO Lead, was formed to ensure oversight and ongoing development of the implementation plan and report to the National Diagnostics Strategic & Operational Group and the National Strategic Planned Care Board.

Delivery of the agreed actions of the Pathology Statement of Intent 2019 is the responsibility of the National Pathology Programme Strategic Group who have oversight of each of the dedicated all Wales delivery groups, which include Pathology Workforce and Education Group, Point of Care Strategy Group, National Pathology Operational Managers Group, Pathology Quality and Regulatory Compliance Group, and the NDCP Group. See section below for more details on the NDCP Project.

The development of pathology services across Wales includes:

- Some progress to consolidate pathology services into three regions, in line with the Carter Report (2008), completed in north Wales.
- A Regional Collaboration for Health (ARCH) is a partnership between SBUHB and Hywel Dda UHB to deliver service transformation across south west Wales.
- Regionalisation work ongoing with CVUHB, CTMUHB and ABUHB in south east Wales
- Maximise digitisation and IT connectivity for cellular pathology – in line with the long-term requirement documented in the Richards Report 'Diagnostics: Recovery & Renewal' October 2020 and more recently WG's Digital and data strategy for health and social care in Wales (2023).
- Expansion and retention of the workforce within cellular pathology – as identified in the Pathology Statement of Intent (2019).
- Impact of COVID-19 on pathology – as documented in the Richards Report and WG's Diagnostics Recovery and Transformation Strategy for Wales 2023 to 2025.
- Realignment to support the National Clinical Framework.
- A pilot in digital cellular pathology has created the capacity for reporting on digital images for a wider area.
- Boundary changes have taken place with CTMUHB now managing the Princess of Wales Hospital in Bridgend.
- The Public Health Wales (PHW) microbiology network has consolidated many investigations to a regional or national model of delivery and continues to transform services, such as the six additional hot labs for COVID-19 testing.

### ***The National Digital Cellular Pathology Project***

The NDCP Project is critical to the continued delivery of a modern and sustainable Pathology service as well as ongoing transformation initiatives.

Established in 2016, under the auspices of the National Pathology Programme (then National Pathology Programme Board), the NDCP Project was formed

following a successful bid to the Efficiency through Technology Fund, on behalf of the National Pathology Operational Managers Group. The bid was submitted to capitalise on a previous investment made to modernise cellular pathology services at BCUHB, through rapid verification of the procured equipment and then national implementation if verification was successful. Benefits were expected to include but would not be limited to the pooling of clinical resource and standardised working across Wales to enable any consultant to report any case using any device from any location in Wales. This would reduce costs by reducing the necessity to outsource work.

**Pathology Service Strategic Aims**

Plans for the development of modern, sustainable pathology services are described in the Pathology Statement of Intent (2019). The NDCP Project supports many of the key priorities set out in the Statement, including:

- **Workforce Development.** A modern and innovative digital cellular pathology service will make it easier to recruit and retain staff. The Project will also improve operational efficiency and support changing roles, MDT working and cross-boundary collaboration.
- **Equipment.** The modernisation and standardisation of scanning equipment (as detailed within the scope) will increase service productivity and will fully integrate with the wider NDCP Project.
- **Quality and Safety.** The current digital system has been fully verified for accuracy and safety. It enables treatments to be more easily tailored to individuals, supporting evidenced-based care. Errors and loss of slides are minimised as all samples are held digitally.
- **Services** A fully digital system will improve service efficiency and support the aim to work beyond geographical barriers by exploiting new technologies.
- **Informatics & Information.** Informatics support and enhanced business intelligence will be a key feature of the new solution including a national image storage repository.
- **Research and Innovation.** The new infrastructure supports the sharing of information and will promote and accelerate innovative practice for cellular pathology. There will be enhanced opportunities for learning, development, and research.
- **National and Regional Working.** The new service will provide one seamless system for the whole of Wales, which is co-ordinated nationally and delivered regionally and locally.

**Alignment to National Policies and Strategies**

The national strategies informing the NDCP Project are summarised in the following table:

*Table 6 Alignment to National Policies & Strategies*

Strategy/ Policy	Summary	How the National Digital Cellular Pathology Project supports this
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<p>NHS Planning Framework 20232026</p>	<p>This NHS Planning Framework for 2023-26 builds on the learning from the pandemic and sets out the Ministerial priorities to support recovery and sustainability of health services, with the three-year context being a commitment to improving population health and reducing the burden of disease.</p> <p>Delivering efficiently, effectively, and optimising service delivery is how the improvements must be embedded in the DNA of NHS in Wales.</p>	<p>Provide opportunities to create additional capacity to support Planned Care and Recovery as led by the National Recovery Programme and prioritised by Health Boards. The Framework outlines that Diagnostics services improvements must result in a reduction in numbers of people waiting for diagnostic tests to prepandemic levels as a minimum.</p> <p>Provide opportunities to reduce reporting time which will contribute to the achievement of national cancer pathway targets and reduce the backlog of patients waiting too long on their cancer pathway.</p> <p>Ensure that digital, innovation, technology and transformation underpins plans to deliver optimum care and services for patients. The resulting digital solution will provide more opportunities to work with others as part of NHS Wales’ approach to innovation.</p> <p>Focus on ways to deploy the existing and future workforce to best effect, including enhanced use of multidisciplinary teamworking, role redesign, developing new roles, and</p>
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Strategy/ Policy	Summary	How the National Digital Cellular Pathology Project supports this
		<p>advanced practice models, enabling people to develop their careers and work at the top of their license.</p>

<p>Diagnostics Recovery and Transformation Strategy for Wales (2023-2025)</p>	<p>Outlines plans to recover diagnostic services by 2025, addressing the impact of pandemic, and set the groundwork for longer term sustainability including:</p> <ul style="list-style-type: none"> <li>• Catch up unmet diagnostics demand for important conditions</li> <li>• Transform services and move beyond traditional boundaries to put patients at the centre, reduce inequality, improve outcomes and reduce secondary care demand</li> <li>• Create and sustain safe services with prudent value-based pathways and workforce models</li> <li>• Be informed by evidence and be data driven</li> <li>• Create an environment where research and innovation improve outcomes and experience and success is scaled.</li> <li>• Connect seamlessly with the National Clinical Plan</li> </ul>	<p>Provides opportunities to create additional diagnostic capacity, addressing the current gap and contributing to the recovery of waiting list volumes.</p> <p>Enables the workforce to operate across boundaries, reducing inequality and reducing the pressure on the wider system.</p> <p>Provides a digital solution that can help mitigate capacity gaps, contribute to the attraction and retention of suitably skilled staff, support training of diagnostic specialists and advanced practice roles, and enable hybrid working and 'reporting from home'.</p> <p>Builds on the success of earlier stages, allowing the service to scale up the benefits across NHS Wales.</p> <p>Provides a digital solution that will enable investment and support for national diagnostic programmes in endoscopy, pathology, genomics, and imaging.</p> <p>Provides opportunities to adopt innovative digital technology solutions including AI/computational pathology</p>
<p>National Clinical Framework: A Learning Health and Care System (2021)</p>	<p>The Framework builds on the vision described in A Healthier Wales for a National Clinical Plan. Recognising that healthcare should be driven by planning rather than the market, the Framework sets out a health system that is coordinated nationally and delivered locally or through regional collaborations. It includes all clinical services and clinicians. The Framework will be underpinned by a suite of new commitments outlined in 'Quality Statements', which provide the next level of detail for specific clinical services.</p>	<p>A nationally planned pathology service that is delivered locally and regionally.</p> <p>Will act as an enabler to personalise medicine where therapies can be tailored to individuals, leading to more efficient and prudent provision of evidenced-based care.</p> <p>Will enable the extraction and analysis of data to understand the links between tests and treatment, improving clinical outcomes.</p>
<p>Quality &amp; Safety Framework – Learning &amp; Improving</p>	<p>Building on the aspirations set out in a Healthier Wales, the Framework provides guidance and direction for NHS Wales, focusing on requirements for multi-level, strong quality management systems – in turn reducing variation in quality.</p>	<p>Improving quality and equity through the implementation of a nationally planned service.</p>

Strategy/ Policy	Summary	How the National Digital Cellular Pathology Project supports this
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<p>Healthcare Science in NHS Wales – Looking Forward</p>	<p>Referred to the role of healthcare professionals in realising the potential from new technologies and diagnostics to allow services to address challenges associated with increasing diagnostic demand and ageing population.</p>	<p>Utilising technological advances such as AI/computational pathology will help increase capacity and capability.</p>
<p>The Parliamentary Review of Health and Social Care in Wales. Final Report. (January 2018)</p>	<p>The Parliamentary Review set out a vision for the future, to include health and social care moving forward together and developing primary care services out of hospitals. The Review’s recommendations focus on key themes around seamless care, a great place to work and maximising the benefits of technology and innovation.</p>	<p>Improving the efficiency of the patient care pathway.                      Improving facilities.                      Providing greater opportunities in order to attract a highly skilled workforce                      Maximising the benefits of technology and innovation.</p>
<p>A Healthier Wales: Our Plan for Health and Social Care (June 2018)</p>	<p>‘A Healthier Wales’ is the Welsh Government’s response to the Parliamentary Review. It sets out the vision of a ‘whole system approach to health and social care’ which is focused on health and wellbeing, and on preventing physical and mental illness. It focuses on ‘providing more joinedup services, in community settings’, and shifts the emphasis from treating illness to prevention and supporting people to stay well and lead healthier lifestyles.</p>	<p>Addressing the recommendations set out in the Parliamentary Review as described above                      Focusing on improving services that will enable better targeted treatments.</p>
<p>The Wellbeing of Future Generations (Wales) Act 2015</p>	<p>The Wellbeing of Future Generations Act is about improving the social, economic, environmental, and cultural wellbeing of Wales. It makes the public bodies listed in the Act think more about the long-term, work better with people and communities and each other, look to prevent problems and take a more joinedup approach.</p>	<p>Deliver a sustainable service that focuses on:</p> <ul style="list-style-type: none"> <li>• Addressing health inequalities</li> <li>• Improving outcomes for patients</li> <li>• Attracting and developing a highly skilled workforce.</li> </ul>
<p>Prudent Healthcare: Securing Health and Well-being for Future Generations</p>	<p>Contributing to the four prudent healthcare principles:</p> <ul style="list-style-type: none"> <li>• Public and professionals are equal partners through coproduction</li> <li>• Care for those with the greatest health need first</li> <li>• Do only what is needed and do no harm</li> <li>• Reduce inappropriate variation through evidence-based approaches</li> </ul>	<p>Better information sharing                      Patients are prioritised according to their need                      Treatments can be more easily personalised                      Improved business intelligence supports evidence-based care</p>

Strategy/ Policy	Summary	How the National Digital Cellular Pathology Project supports this
Digital Strategy for Wales, March 2021	<p>The purpose of the strategy is to develop a digital approach for people, public services and the business community across Wales. It has six main aims:</p> <ol style="list-style-type: none"> <li>1. Digital services – deliver modern and user-friendly digital services</li> <li>2. Digital inclusion – ensure people can engage with the digital world</li> <li>3. Digital skills – ensure the workforce has the digital skills and confidence to excel</li> <li>4. Digital economy – exploit digital innovation to drive economic prosperity</li> <li>5. Digital connectivity – ensure services are supported by fast and reliable infrastructure</li> <li>6. Data and collaboration – improve services by sharing data and working together</li> </ol>	<p>Creating a more efficient and costeffective service by ensuring that:</p> <ul style="list-style-type: none"> <li>• reporting times are reduced;</li> <li>• productivity is increased;</li> <li>• digitised slides can be shared easily facilitating quicker second opinions and cross boundary working, leading to better clinical outcomes for patients.</li> </ul>
Digital Service Standards for Wales	<p>Sets out what’s expected from new or redesigned digital services funded by Welsh public sector organisations, in three main areas:</p> <ul style="list-style-type: none"> <li>• Meet user needs</li> <li>• Create digital teams</li> <li>• Use the right technology</li> </ul>	<p>Supports several of the Future Generations Wellbeing goals including reducing health inequalities, improving outcomes for patients and developing a skilled workforce.</p> <p>Embeds digital ways of working in the service</p> <p>Ensures flexibility by using software that meets open standards, is cloud based and is widely supported</p> <p>Supports the use of data analytics to improve patient pathways and deliver better clinical outcomes</p>

**Supporting Other Initiatives**

It should be noted that the NDCP Project is critical to Pathology’s ability to support ongoing NHS Wales activities and current and future initiatives. In particular those outlined in the Executive Summary on page 8.

In addition, there are two ongoing regionalisation pieces of work, both require digital cellular pathology as key enablers. The ARCH (A Regional Collaboration for Health) project in south west Wales plans to merge the departments in Hywel Dda and Swansea Bay University Health Boards into a single managed network. The south east looks to do the same with a similar project bringing together the Cellular Pathology services from Cwm Taf Morgannwg, Cardiff and Vale and Aneurin Bevan University Health Boards. Both will require digital pathology to be able to report cases from any laboratory by the combined reporting capability in the network.

Genomics Partnership Wales, All Wales Medical Genomics Service, Pathogen Genomics Unit (PenGU), Wales Gene Park and Public Health Genomics Programme, have moved to a bespoke modern facility at Cardiff Edge Science Park, Coryton. Co-localisation with cellular pathology will create a 'Centre of Excellence' that will be of benefit to patients by making progress in terms of precision medicine as well as creating a bioscience park that will be of huge benefit in terms of recruitment and retention as well as future collaborative work with university and third sector companies. This requires a digital pathology service to fully realise the benefits.

### ***Integration***

The ability to use a single integrated all Wales LIMS system to provide a secure national reporting platform for cellular pathology is key to the NDCP Project. The ability to securely share images with pathology colleagues in any part of Wales for specialist reporting and consultation has already been shown to reduce reporting times for Lymphoma case by several days and has been recognised as a vital step in improving outcomes for some of our most severely ill patients. The reports generated using digital images can be linked to patients clinical data and health outcomes through the single patient record and the clinical portal. Quicker, more accurate and comprehensive reports are facilitated by digital images supported by AI/computational pathology platforms. Digital images will also support the All Wales Medical Genomics Service in identifying specific areas of tumour which will improve analytical outcomes and improve targeted therapies. It has recently been shown how data from the all Wales LIMS system can be interrogated to produce valuable information relating to workloads, backlogs, outsourced work as well as productivity and turnaround times for each laboratory in Wales. This can be used to enable future service planning and provide data to drive more efficient innovative and productive health care. Information from standardised reports generated by AI platforms could be fed automatically into the big data projects.

### ***Foundational Economy***

The foundational economy is focused on reversing the deterioration of employment conditions and encouraging local excellence to support the Welsh economy. This will be vital in retaining and attracting cellular pathology staff to NHS Wales. It will make it possible for specialist staff to work remotely and to benefit from work life balance policies. The use of digital pathology enhances flexibility and could help retain experts approaching retirement age by allowing more flexibility in working practices such as part time or flexible working. The IBEX AI prostate biopsy project has been supported by SBRI to work with commercial partners to pilot new ways of working. AI/computational pathology could provide opportunities for Welsh universities to work with Health Boards to support developmental and research projects that could support future diagnostic projects. Digital pathology can not only help remove Health Board boundaries but can also deliver shared learning and necessary documentation to quickly roll out a robust digital diagnostic service. The training of future pathologists and laboratory staff must be tailored to ensure the workforce can be recruited locally and the working environment meets the expectations of trainee staff who are now developing skills in digital services. There are opportunities to facilitate national imaging training centres with remote learning material that would attract trainees from across

Wales and provide future generations with a robust cutting-edge pathology service. Failure to deliver a fully digitised service within the next 3-5 years would adversely impact abilities of laboratories to meet the necessary quality standards.

## Case for Change

### Spending Objectives

Spending objectives describe what the NDCP Project is seeking to achieve and provide a basis for post-Project evaluation. The following spending objectives have been identified based on the aims of the overall Project and specifically the goals of Phase 3.

Table 7 Spending Objectives & Outcomes

Ref	Spending Objective	Outcomes
SO1	Build a sustainable robust and sustainable cellular pathology service for Wales	<ul style="list-style-type: none"> <li>• Remote working</li> <li>• Flexible working</li> <li>• Improved ergonomics</li> <li>• Reduction in temporary staffing</li> <li>• Reduction in insourcing and outsourcing</li> </ul>
SO2	Introduce national scanning equipment with the capability to fully digitise cellular pathology service for Wales with a footprint that allows for service increase over the next seven years	<ul style="list-style-type: none"> <li>• Use of 2D bar codes to identify requests, specimens, blocks, slides and images</li> <li>• Reduced risk of tissue/slide loss or damage during transport or storage</li> <li>• Use of annotated scanned image to identify tumour areas required for genomic analysis</li> <li>• Electronic case assembly</li> <li>• Transfer of information on electronic request direct to report. Storage of post mortem images to improve management of cases to meet HTA standards</li> </ul>
SO3	Fully integrate with both the current All Wales Laboratory Information Management System (LIMS) and its successor	<ul style="list-style-type: none"> <li>• Reporting of H&amp;E samples</li> <li>• Diagnostic efficiency (of digital tech)</li> <li>• Digital dictation direct into report in dissection room</li> </ul>
SO4	Enable reporting and review any case from any location, using any device	<ul style="list-style-type: none"> <li>• Case sharing and collaboration</li> <li>• Single identifier for a sample across Wales</li> <li>• Assessing disease progression</li> <li>• Digitally generated request information available to pathologist on screen</li> </ul>
SO5	Enable rapid, specialist, second opinion both internal and external to Wales	<ul style="list-style-type: none"> <li>• Link H&amp;E and IHC /special stains on screen</li> <li>• Synchronous analysis of slides</li> <li>• Flip and rotate images to aid interpretation</li> <li>• Measurement and annotation</li> <li>• Easy access to archived images, slides &amp; case tracking, archival and retrieval</li> <li>• Image storage and retrieval &amp; slide storage and retrieval - where cases need to be referred for second opinion or second review, electronic images can be retrieved quickly and efficiently, improving turnaround time.</li> <li>• Speedier diagnosis of urgent cases</li> </ul>

		<ul style="list-style-type: none"> <li>Improved access to external second opinion &amp; improved case transfer times</li> <li>Clearer diagnostic audit trails</li> <li>Faster access to molecular testing</li> </ul>
S06	Enable the routine use of Artificial Intelligence, Machine Learning and Deep Learning to enhance diagnosis, teaching and research	<ul style="list-style-type: none"> <li>Improved quality in obtaining section</li> <li>Improved turnaround times due to digital workflow</li> <li>Case allocation to pathologist</li> </ul>
Ref	Spending Objective	Outcomes
		<ul style="list-style-type: none"> <li>Electronic test request and workload management in laboratory enabling improved planning and workforce management</li> <li>Reduced risk of patient/slide misidentification errors</li> <li>Quantification of specific cells and markers</li> <li>Highlighting and heat mapping of areas of abnormality</li> <li>Quality control and audit</li> <li>Prioritisation of cases to meet cancer targets</li> <li>Automatic formatting of certain reports such as normal colonic biopsies based on AI prescreened slides</li> <li>Improved confidence in diagnosis if slide prescreened by AI</li> <li>Convenient and reproducible cancer staging</li> <li>AI to identify micro-organisms</li> <li>AI to identify special features not readily recognised by pathologist</li> <li>AI/computational pathology for enhanced cancer research</li> <li>Fewer microscopes to service in the future</li> <li>Capture of digital image at macro dissection using macropath systems</li> <li>Decrease in number of costly IHC tests</li> <li>Reduction in number of repeat biopsies</li> <li>Reduction in requirement of 2<sup>nd</sup> review pre-MDT</li> </ul>
S07	Build stronger relationships between NHS, Academia and Commercial Partnerships	<ul style="list-style-type: none"> <li>To increase teaching, training and mentoring</li> <li>Improved recruitment and retention</li> <li>Research resource</li> </ul>

## **Existing Arrangements**

### ***Traditional Cellular Pathology***

Cellular pathology services in Wales make a major contribution in many disease pathways, most significantly the early detection, diagnosis, staging and monitoring of cancer. Cellular pathology laboratories produce microscope slides from tissue samples sent for analysis from patients in surgical/outpatient settings. Consultant cellular pathologists subsequently make their diagnoses by evaluating microscope slide preparations using a light microscope.

Cellular pathology services are typically organised to be as regional to the clinical teams they support as possible, with regular engagement in MDT meetings the top priority for consultant cellular pathologists. Departments prioritise cases identified for MDT review so as not to delay the patient pathway.

Primary care cellular pathology services are organised in various ways across Wales to support their local health boards. There is a need for regular engagement with MDT meetings across sites, this is now often done via videoconferencing.

Due to increasing complexity in diagnosis, sub-specialisation has become the norm. Increasing sub-specialisation within cellular pathology often requires external opinion to be obtained – this currently requires microscope slides to be physically sent for external review within the UK NHS and sometimes further afield. The consequence of this is significant time delays (and costs) transporting slides by courier/post for expert review, and further time delays in receiving reviewed case reports.

In addition, severe difficulties in recruiting and retaining medical staff mean most departments have vacant posts at any moment in time. The Royal College of Pathologists' workforce census of 2018 showed that only 3% of NHS histopathology departments have enough staff to meet clinical demand.

This capacity gap results in backlogs of unreported cases, with either expensive medical agency locum or external outsourcing used to maintain minimum performance levels. These solutions also contribute to delays in reporting turnaround times.

### ***Demand and Capacity***

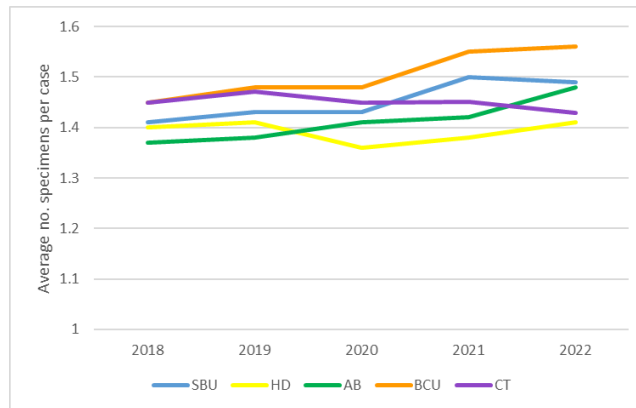
Pathology services in Wales processed more than 1 million slides in 2022/2023. Although activity reduced significantly during the early months of the pandemic, it has been increasing steadily since and by early 2022 had returned to prepandemic levels in most UHBs.

It is anticipated that factors such as the Recovery Plans outlined in the NHS Planning Framework 2023-2026 will mean that activity continues to increase during 2023/24. Forecast activity analysis suggests that by 2025/26 the service will be processing approximately 1.5 million slides.

The recent and forecast growth in demand is compounded by the increasing complexity of the workload including:

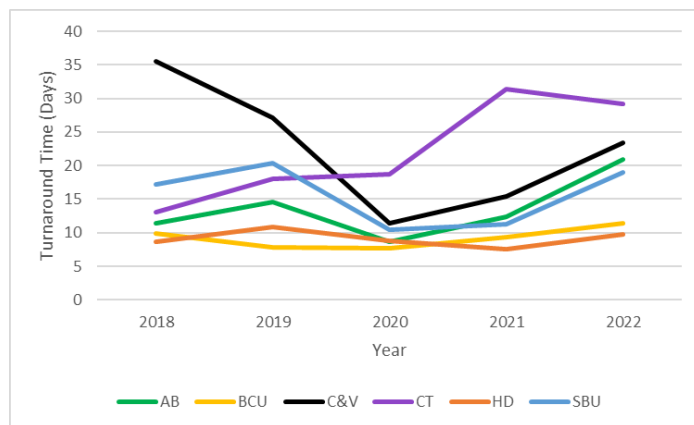
- The most urgent specimens making an increasing percentage of specimens in most Health Boards.
- The number of specimens per case is generally increasing and increasing number of tests are needed for many specimens.

Figure 2 Average no Specimens per case



As a result of this, turnaround times are now at, or are higher than, pre-Covid levels.

Figure 3 Turnaround times



This is impacting on the service's ability to achieve target turnaround times for specimens of 7 days for Urgent Suspected Cancer (USC), 14 days for urgent and 28 days for routine specimens.

Target time breaches have increased across the board during 2022, with the percentage of USC and routine specimens processed within target time having decreased in recent years.

Prioritising urgent specimens to meet cancer and screening targets has a significant impact on routine specimens. This creates several risks including:

- Reduced opportunities for early intervention in the routine specimens that lead to a cancer diagnosis, particularly since audits have shown the cancer rate in routine specimens to be between 8% and 11%.
- Cancellations and appointment delays when results are not ready.
- Additional stress for patients and families awaiting results.

The backlog of activity has been gradually increasing following a previous reduction in 2020. This creates additional pressure to create more capacity to address this, which is challenging given the workforce pressures outlined below.

This has resulted in a gap between demand and capacity since mid-2022, particularly in south Wales where there are a number of pathologist vacancies. BCUHB following implementation of digital technology, have been able to attract pathologists to any vacant posts. Work is ongoing to accurately quantify the size

of this gap but given the forecast growth in volumes, prioritisation and complexity of cases, then mitigation measures are required at all HBs to address this.

**Workforce**

It is widely recognised that there is a shortage of diagnostics professionals across the UK, and this is particularly evident in the Pathology service in NHS Wales. The Royal College of Pathologists published 'Briefing: The pathology workforce in Wales' in June 2019 and the 'Royal College of Pathologists' Priorities for Wales' in March 2021. Both papers outlined the workforce challenges and highlighted the need to invest in the workforce for patients and to achieve the Welsh Government's commitment to earlier cancer diagnosis.

NHS Wales Executive modelling in 2022 showed a capacity gap of 25% in west Wales for cellular pathology, with only 3 substantive cellular pathology consultants in HDUHB and a requirement for 9 to satisfy current levels of service. In addition, for south east Wales, the current gap is the equivalent of 8.5 cellular pathology consultants.

The associated studies referenced in these reports highlight a growing retirement crisis in the service. In 2019 it was estimated that 36% of the consultant workforce was over 55 years old and 10% of histopathologists 'retired and returned'. This largely remains the case based on the current pathologist workforce establishment outlined in the table below:

*Table 8 Number of Pathologists (November 2023)*

	<b>BCUHB</b>	<b>ABUHB</b>	<b>CVUHB</b>	<b>SBUHB</b>	<b>HDUHB</b>	<b>CTMUHB</b>
<b>Number of substantive pathologists in post</b>	12	14 (13 Medics, 1 reporting BMS)	20 "general" pathologists, 2 paediatric pathologists 2 neuropathologists 1 consultant reporting scientist.	16 plus an external pathologist providing 2 digital sessions working from Birmingham 1 post out to advert	2	8
<b>Number of above pathologists aged over 55</b>	4	4	6	4	2	0
<b>Number who have 'retired and returned'</b>	3	0	2	2 (1 currently & 1 pending imminently)	1 retiring & returning Apr	0

The Royal College of Pathologists estimated in 2019 that 17% of consultant pathologists in Wales were locums. The service continues to rely on outsourcing to mitigate capacity gaps in the service, as outlined earlier, at an overall cost to NHS Wales of almost £4million at the time of writing.

*Table 9 Outsourcing & Agencies (November 2023)*

	<b>BCUHB</b>	<b>ABUHB</b>	<b>CVUHB</b>	<b>SBUHB</b>	<b>HDUHB</b>	<b>CTMUHB</b>
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<b>Cost of outsourced reporting in last 12 months</b>	0	£660,100	£389,194	£900,000	Currently don't outsource to external companies however have significant In-lieu of locum costs for in house consultant reporting above their contracted sessions – Approx. £400,000	£2 million
<b>Number of agency pathologists employed</b>	nil but heavy insourcing in place	0	0	Nil, we are however issuing an average of 20 extra sessions to existing consultants per week	2 NHS locums on long term contracts 1 high cost agency locum	0
<b>Average number of cases sent to agencies for reporting each work</b>	No send any cases away for reporting, the extra work generated is reported as out of hours work by the Pathologists on site.	Wet to slide capped at 226 cases per week	Slides to outsourcing each week is around 150 but depends on admin support to get them out and back in, push to do in house WLI's as well	Currently sending 100 wet specimens per week	No send any cases away for reporting, the extra work generated is reported as out of hours work by the pathologists on site.	400-500 specimens wet tissue/ week. Plus 30-50 slides for reporting/ week

As well as increasing costs, reliance on outsourcing impacts on the quality of the service.

This is clearly not sustainable and is expected to worsen over time due to ongoing challenges recruiting and retaining staff. Short to medium term mitigations are limited. Pathology is a highly specialised field, and it takes around a decade to train a Pathologist from scratch. The Royal College of Pathologists highlighted that pathology competes with other disciplines for trainees from the reducing number of junior doctors who successfully complete foundation training and progress into specialty training.

Table 10 Current BMS vacancies and trainee Pathologists (November 2023)

	<b>BCUHB</b>	<b>ABUHB</b>	<b>CVUHB</b>	<b>SBUHB</b>	<b>HDUHB</b>	<b>CTMUHB</b>
<b>Number of BMS vacancies</b>	1 x B6 waiting to interview	2 x B6 whole time equivalents	2 x BMS B5 1 x BMS B6	5 x B3 support workers	3 x B4 1 x B5 1 x B6 currently vacant, adverts out or waiting for a start date	2 x B6, 6 x fixed term B3 MLA current vacancies do not enable the department to meet the demand placed on it

<b>Number of trainee pathologists</b>	3 +2 fellows	One	Trainee pathologists: 6 x Year 1 6 x Year 2 2 x Year 3 1 x Year 4 2 x Year 5 /Stage 4	2, but we have a request to increase from the deanery	No trainee Pathologists.	0
<b>Number of BMS dissection roles currently filled / vacant</b>	1 but a split role – part Senior BMS	2 (training started awaiting examination results)	2 BMS reporting / dissection for GI in post	4 advanced practitioners in dissection <u>with one of these posts vacant</u> 1 advanced practitioner reporting Gynae	We do not currently do BMS dissection.	1 advanced practitioner in Histological dissection

Mitigations are therefore urgently required to address these ongoing workforce risks.

### **Digitisation of Cellular Pathology Services**

Technological advances in the digitisation (scanning) of glass microscope slide preparations have reached a level of quality, efficiency and effectiveness where immediate adoption in NHS diagnostic cellular pathology services is now not only possible but is essential to keep pace with the rest of the UK.

The system consists of a slide scanner, capable of creating high resolution images of microscopic preparations of human tissue, at comparable magnifications to that of a traditional light microscope. Other components of the system are a software interface, data storage servers, and computer workstations with high power graphics cards and high-resolution monitors to enable viewing and manipulation/sharing of slide images. Integration of the software interface with LIMS enables cases to be reported within an all-digital environment.

Consequently, moving to digitise cellular pathology services as completely as possible would eliminate many of the physical, time-consuming steps involved in transporting microscope slides to consultant cellular pathologists, both locally and externally. Digital images can reduce the turnaround time from two days to a couple of hours. In addition, the preparation of slides for MDT review is much faster: the time taken to find and share physical slides is significant (there are currently up to 28 MDTs per week in BCUHB). When compared with radiology, which has been digitised for many years, it is estimated that the number of MDT administrative staff for pathology could be reduced from two to one.

An example of this occurred in SBUHB when, at a recent central urology MDT, the slides had not been received for review. During the MDT, SBUHB were able to email HDUHB and requested that the slides were scanned and the report sent electronically. The case was then immediately reviewed, discussed at MDT, saving another week on the pathway for MDT review.

Voice command is a major advantage, also supporting quicker turnaround times, improved reporting and a reduced need for secretarial support. And the risk of misplacing slides is also reduced, which reduces duplication and litigation risks.

Digitisation also offers benefits in terms of the time saved in retrieving and storing slides. Exact figures on this won't be available until Phase 3 is complete but, based on early studies from the digitisation of cellular pathology services in Leeds, it is estimated that a saving of between two and three WTE administrators will be possible with a fully digitised service. In addition, case review and external expert opinion can be undertaken electronically in real-time, with the likelihood that additional diagnostic expertise/precision will be more attainable than before.

Remote consultant MDT attendance through videoconferencing such as Microsoft Teams (including display of images), increasing the potential for greater subspecialisation and shared working across NHS Wales.

Finally, without national scale up, the full benefits of AI/computational pathology cannot be realised across Wales. The benefits of AI/computational pathology are significant. For example, a pathologist cannot manually count one million cells, but this will now be possible through machine learning, leading to greater accuracy and faster reporting times.

The NDCP Project was established to modernise cellular pathology services in Wales and to introduce a fully digitised national service. To date, two phases have been achieved.

### **Phase 1: Rapid Evaluation and Verification**

Phase 1 demonstrated proof of concept through the high correlation achieved when comparing the results obtained using both traditional glass slide methodology and digital image to report 3000 cases. This resulted in receipt of a mandate from All Wales CEOs to proceed with national implementation of digital enablement.

### **Phase 2: Partial National Scale Up**

Phase 2 has realised, through investigation, procurement, and installation, the delivery of partial, standardised, digital enablement for each of the Health Boards including the delivery of local storage and an interim hub solution. Phase 2 has also progressed the work of integrating the current digital scanning solution into the current LIMS with work expecting to be completed quarter 1 2024/25.

#### ***Current position***

The current position is outlined previously in the executive summary on page 9.

#### **Business Needs**

It is now the intention of the NDCP Project to build on the previous phases by increasing digital scanning, reporting and capacity for Wales in line with the national direction of travel. This includes:

#### **Business Need 1: Procurement of All Digital Pathology Capability**

The budget for Phase 2 was not sufficient to digitise cellular pathology services as completely as possible. It was agreed at the time that an incremental approach to implementation would be taken ensuring that work progressed at pace giving some digital capability to each Health Board. The aim of the final Phase is to fund the procurement and installation of the remaining infrastructure, equipment and

software to digitise services as completely as possible solution for the whole of Wales.

### **Business Need 2: Determine & Agree National Image Store**

As an interim measure during Phase 2 images were stored on additional server space purchased at each of the Health Boards with local IT back up providing the required resilience. This current storage availability will greatly limit digital reporting in the future. Going forwards a national long-term storage solution (including plans for back up) is required which should meet the following:

- Images should be accessible easily and quickly by any reporting pathologist from any location
- Image storage needs to be compliant with retention schedules and GDPR.
- Images should be available for research purposes.
- The size of a 20x20 slide is approximately 1GB-1.5GB per slide and a megaslide would be around 3GB each, however megaslides are not currently being scanned.
- For governance reasons, a backup file of all clinically significant images including any AI heat maps, would be required.
- It is important to have instant access to current and the most recent cases (probably around 12 months). However, images more than 12 months old could be stored where access would be available within 24-48 hours which will hopefully help to reduce storage costs.

### **Business Need 3: Management of the Future Digital Hub**

There are currently interim arrangements for managing the digital hub. The aim of Phase 3 is to investigate all options for managing a national central hub and to procure the agreed solution. The hub would act as a repository for meta data relating to the images for all Health Boards.

### **Business Need 4: Work with Health Boards to find a Solution for CrossBoundary Working as part of a National Network of Cellular Pathologists**

Cross-boundary working is needed to maximise access to specialisms available within different organisations to provide equity to patients across Wales. A 'virtual lab' will support cross-boundary working by enabling anyone from any location to review any slide. This has been critical during the COVID-19 pandemic when 2030% of staff have been off site. Cross-boundary working will need to be underpinned by the recruitment of more cellular pathologists to address current gaps in the workforce. The RCPATH workforce census (2018) proposed a range of solutions to address the shortages, including:

- More funded training places for specialist cellular pathology trainees;
- Better IT for day-to-day work;
- Investment to implement digital pathology more widely so staff can work efficiently and flexibly;
- The development of advanced clinical practitioners to work alongside medically qualified cellular pathologists.

### **Business Need 5: Work with Health Boards to Develop Workflows and Workforce to Ensure Maximum Benefits are Realised from the Implementation of the New LIMS**

Workflows are being developed as part of the wider Project of digital work to standardise pathology processes for integration in the LIMS system. LIMS is the national reporting system for all pathology and all reports from different disciplines need to be available for easy review by reporting pathology clinicians. Nationally sample numbering and identification depends on unique identifiers generated by the LIMS. The unique identifiers for episode, case and sample are printed in bar code which is used to identify and track the samples in LIMS. The barcode label on the glass slide is scanned to identify the image and link it to the request in LIMS. All reporting is done on LIMS and authorised digital results are stored and transmitted via LIMS to the Welsh Clinical Portal where results are nationally available to clinicians and GPs treating patients anywhere in Wales, LIMS is the agreed reporting system and will be integrated to any scanners procured either directly or through laboratory workflow management middle-ware.

Future cellular pathology workforce requirements will be determined by the Pathology Workforce and Education Group (PWEG) in collaboration with Health Education and Improvement Wales (HEIW) and academia.

### Potential Scope and Services

During a NDCP Project Board meeting, held on 22<sup>nd</sup> February 2021, members agreed that the following would be including within the scope:

#### In Scope

- **Slide scanners**
- **Medical grade screens** (with the appropriate graphics cards).
- **Management systems** (additional software or as part of the scanning package – to include voice recognition)
- **Additional workstations/laptops** (appropriate graphics cards for the new screens would need to be compatible. Possibility of workstations in MDT and seminar rooms, and for trainees and hot-desking. High-specification laptops to support working from home, which could also be used with docking stations and medical grade screens in the MDT/seminar rooms as an alternative to a full workstation. Keyboards and mice should be washable. Joysticks to be included)
- **Image storage** considering the different file formats, storage over a defined length of time, the file sizes and the bandwidth needed etc. In line with the DHCW principle of 'cloud first' (which will deliver benefits such as secure, fully managed, predictable performance, rapidly available, and resilient), cloud storage will be the storage method of choice. Most of the AI systems use cloud storage to analyse copy images- the analysed diagnostic images will need to be stored along with the original image as long as deemed necessary for the active case.
- **AI** is a rapidly developing computational tool designed to support pathologists in reaching a quick and reliable diagnosis. It is not designed to replace the pathologists. Described at a high level only, to remain as flexible as possible, as the technology is developing rapidly. AI provider would need to be system 'agnostic'. Several different providers can deliver targeted analytical platforms to suit different tissue types.
- **Standardisation of services** (via Standardisation Group)

- **Adoption of standardised technical standards for image formats** (e.g. DICOM) and Interoperability (e.g. HL7 FHIR)

**Out of scope**

- **Tissue processors**
- **Stainers**
- **Other specialist laboratory equipment**

These are out of scope since the standardisation of existing equipment is not currently considered achievable due mainly to cost.

By considering the range of business functions, areas and operations to be affected and the key services required to improve organisational capability, 'scope creep' can be avoided during the options appraisal stage of the Project.

Coverage and services are considered on the following continuum of need:

- **Core:** Essential elements that must be included in the Project to address immediate risks and ensure service continuity.
- **Desirable:** Additional elements that should be included in the Project to enhance the service and deliver greater value for money through additional benefits.
- **Optional:** Possible elements that could be included in the Project to maximise benefits providing they can be justified on a marginal low cost and affordability basis.

The potential scope of service coverage was reviewed at various points of the Project and categorised the main elements in line with this continuum of need. The results of this analysis is provided in the table below.

*Table 11 Summary of items in scope*

	Core	Desirable	Optional
<b>Scanners</b>			
• Cellular pathology scanners	☐		
• High resolution haematology scanners			☐
<b>Workstations</b>			
• Medical grade screens	☐		
• Keyboards and mice	☐		
• Joysticks		☐	
<b>Management systems</b> (including voice recognition)	☐		
<b>Additional workstations/PCs</b>			
• High resolution laptop, docking station and medical grade screen	☐		

<b>Image storage</b>	□		
<b>AI</b>	□		
<b>Standardisation of services</b>	□		
<b>Integration with current/future LIMS</b>	□		

### Main Benefits

Investment in the NDCP Project is expected to deliver a wide range of benefits, many of which were proven during Phases 1 and 2. Benefits include:

- Enabling greater information sharing that will lead to better collaboration including facilitating cross boundary working and improving turnaround times for second opinions and peer review.
- Providing access to digital images enables remote and cross-site working, reducing travel time which will have a positive impact on staff welfare and enables more efficient ways of working. It will also help reduce the carbon footprint.
- Improved efficiency and cost savings associated with reduced transportation of physical slides and time spent retrieving and collating data. Further reduction of carbon footprint.
- Improving the quality of patient care by enabling the tailoring of therapies, risk-based case prioritisation, better control over samples managements and improved reporting that leads to more accurate diagnosis.
- Contributing to improvements in treatment by improving data analysis and business intelligence used in the day to day management as well as teaching and research.
- Creating a modern and efficient service by adopting up to date technologies will improve staff satisfaction and support recruitment and retention.
- Meet standards of prudent healthcare and improve the service’s reputation.
- Opportunities to adopt AI/computational pathology technologies and maximise efficiencies.

The quantification of these benefits are explored in the Economic Case and plans to manage realisation of them in the Management Case. The full benefits register is provided in Appendix M1.

### Main Risks & Issues

All outstanding risks and issues from Phases 1 and 2 have been carried forward into Phase 3. These are identified in Appendix M2 and include:

Table 12 Risk & Issues

Ref	Risk Type	Risk	Mitigation
<b>PROGRAMME RISKS &amp; ISSUES</b>			
008 (Issue)	Financial	Funding for NDCP procurement and implementation not secured:	Funding avenues are currently being explored.

		<ul style="list-style-type: none"> <li>WG confirmed no funding available for the procurement phase of NDCP</li> <li>HB revenue funding for 2025/2026 (and ongoing) has not yet been secured, which could impact progress of the work.</li> </ul>	Revisions to the BJC are in progress.
039 (Risk)	Financial	If revenue funding is no longer available for NDCP, there is a risk of not being able to procure a managed service contract which may result in obsolete equipment being out of date and HB's not in financial position to replace	Capital funds are now looking an unlikely option therefore revenue managed service contract. Alternative funding streams being investigated
<b>OPERATIONAL RISKS &amp; ISSUES</b>			
002 (Risk)	Operational	Delays in integrating Leica scanners with current WLIMS1 data infrastructure. Risk that integration is not implemented within Project timescales. Impact on the ability for National reporting and, there will not be an interface for new LIMS if the interface for current LIMS not implemented.	Interface is available to link LIMS and Leica. Work ongoing to operationalise
004 (Risk)	Operational	NDCP Image Storage: risk of individual Cellular Pathology departments being unable to store images and therefore being unable to use DCP as a reporting tool.	NPP progressing the Phase 3 BJC which includes a long term national storage solution. WG funding provided to HBs for interim storage solution
040 (Risk)	Operational	Risk of a delay to the integration of new LIMS2.0 with newly procured DCP solution	Mitigation around specification and DCP specification working group working with potential suppliers and Intersystems. Implementation of new solution due to commence after LIMS2.0 deployment has finished

## Constraints

The Project is subject to the following constraints:

- **Funding.** Phase 2 funding was not sufficient to digitise cellular pathology services as completely as possible. A partial implementation only has been achieved. Without further funding Phase 3, national scale up, will not be possible.
- **Image storage.** The 49TB of server storage initially purchased at each of the Health Boards is now almost full and further scanning will not be possible without the development of a long-term solution for image storage. In 2023, £150,000 has been allocated to each Health Board as an interim solution prior to a move to cloud storage as part of the full BJC.
- **Resources** For Phase 2, BCUHB agreed as an interim measure, to host the data hub (hub to store the meta data for all images). A permanent national image storage solution will be identified and agreed in Phase 3

The Project is subject to the following dependencies:

- The requirement for digital pathology system to integrate with the new LIMS service.
- Revenue funding from each of the individual Health Boards
- Local staff resource to support implementation and ongoing scanning capability incorporated once into the routine service.

## 4 Economic Case

### Critical Success Factors

Critical Success Factors (CSFs) are the essential attributes for successfully delivering the Project and are used along with spending objectives that are outlined in the Strategic Case to evaluate the options. The CSFs are provided in the table below.

Table 13 Critical Success Factors

Critical Success Factor	How well the option:
Strategic Fit and Business Needs	<ul style="list-style-type: none"> <li>Meets the agreed spending objectives, related business needs and service requirements, and</li> <li>Provides holistic fit and synergy with other strategies, Programmes and Projects.</li> </ul>
Potential Value for Money	<ul style="list-style-type: none"> <li>Optimises public value (social, economic and environmental), in terms of the potential costs, benefits and risks.</li> </ul>
Supplier Capacity and Capability	<ul style="list-style-type: none"> <li>Matches the ability of potential suppliers to deliver the required services, and</li> <li>Is likely to be attractive to the supply side.</li> </ul>
Potential Affordability	<ul style="list-style-type: none"> <li>Can be funded from available sources of finance, and</li> <li>Aligns with sourcing constraints.</li> </ul>
Potential Achievability	<ul style="list-style-type: none"> <li>Is likely to be delivered given the organisation's ability to respond to the changes required, and</li> <li>Matches the level of available skills required for successful delivery.</li> </ul>

### Options Framework

The options framework, outlined in HM Treasury Green Book and Welsh Government Better Business Cases guidance, provides a systematic approach to identifying and filtering a broad range of options. An overview of the key dimensions within the options framework is provided in the table below.

Table 14 Key elements of the options framework

Dimension	Description
Scope	What to include in the future service model
Service solution	How to deliver the future service model
Service delivery	Who will deliver the future service model
Implementation	Timescales and phasing for delivering the future service model
Funding	Financing the future service model

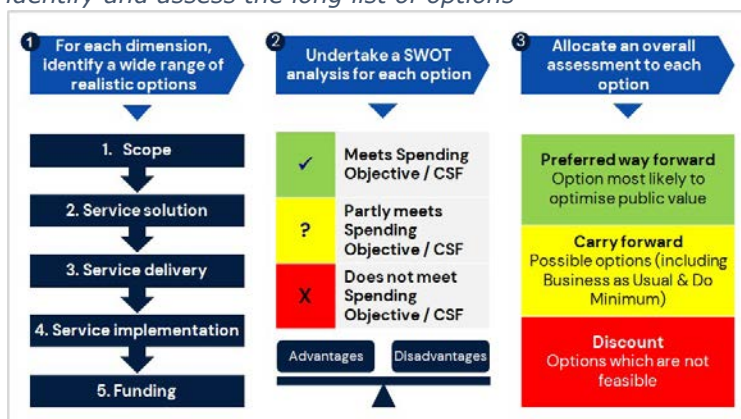
The process for identifying and assessing options takes each of the key dimensions in turn and undertakes the following steps:

- Identify a wide range of realistic potential options within that dimension

- Undertake an analysis for each option to:
  - Assess how well the option meets the Project’s spending objectives and critical success factors; and
  - Identify the option’s main strengths, weaknesses, opportunities and threats (SWOT analysis).
- Use the outputs of the analysis to determine whether the option will be carried forward as the preferred way forward, carried forward as a possible solution, or discounted at this stage.

A diagram illustrating this process is shown in the figure below.

Figure 4 Process to identify and assess the long list of options



A long list of options for each of the five dimensions was developed by the NDCP Project and evaluated to determine how well each meets the spending objectives and critical success factors at a series of workshops. The detailed analysis is provided in Appendix E1 and an overview in the table below.

Table 15 Summary of long list assessments

Project	Do Nothing	Do Minimum	Intermediate	Do Maximum
<b>1. Service Scope</b> <i>As outlined in Strategic Case</i>	All cases are reported using microscopes and glass slides. Would leave Wales behind the rest of the UK and could lead to collapse of service	Most cases are reported using microscopes and glass slides plus some limited digital reporting.		Most cases are reported digitally.  Would ensure Wales keeps pace with rest of cellular pathology global community
	<b>Carried Forward</b>	<b>Carried Forward</b>		<b>Preferred Way Forward</b>
<b>2. Service Solution</b> <i>In relation to the preferred scope</i>	Return to previous process (glass slides and microscope)	Partial procurement and installation of digital capability for each Health Board.		National scale up of digital capability including image storage and digital hub solution.
	<b>Carried Forward</b>	<b>Carried Forward</b>		<b>Preferred Way Forward</b>
<b>3. Service Delivery</b> <i>In relation to the preferred scope and service solution</i>		NHS Wales purchases equipment and support provided via a maintenance contract		Fully managed service contract where provider owns and manages the digital solution

		<b>Carried Forward</b>		<b>Preferred Way Forward</b>
<b>4. Implementation</b> <i>In relation to preferred scope, solution and method of service delivery</i>		Phased approach in which HBs transition one at a time		Big Bang approach in which all HBs transition together
		<b>Preferred Way Forward</b>		<b>Discounted</b>
<b>5. Funding</b> <i>In relation to preferred scope, solution, method of service delivery and implementation</i>		Fully capital funded	Combination of capital and revenue funded (NHS owned asset/revenue model)	Fully revenue funded
		<b>Discounted</b>	<b>Carried Forward</b>	<b>Preferred Way Forward</b>

The possible options are carried forward to the shortlist as outlined in the table below.

Table 16 Developing the shortlist

Options	Do Nothing	Do Minimum	Intermediate Option	Preferred Way Forward (PWF)
<b>Project Scope</b>	All cases are reported using microscopes and glass slides.	Most cases are reported using microscopes and glass slides plus some limited digital reporting.	Most cases are reported digitally.	Most cases are reported digitally.
<b>Project Solution</b>	Return to previous process (glass slides and microscope).	Partial procurement and installation of digital capability for each Health Board.	National scale up of digital capability including image storage and digital hub solution.	National scale up of digital capability including image storage and digital hub solution.
<b>Service Delivery</b>	N/A	NHS Wales purchases equipment and support provided via a maintenance contract	NHS Wales purchases equipment and support provided via a maintenance contract	Fully managed service contract where provider owns and manages the digital solution
<b>Project Implementation</b>	N/A	Phased approach in which HBs transition one at a time	Phased approach in which HBs transition one at a time	Phased approach in which HBs transition one at a time
<b>Project Funding</b>	N/A	Combination of capital and revenue funded (NHS owned asset/revenue model)	Combination of capital and revenue funded (NHS owned asset/revenue model)	Fully revenue funded

### Main Options

The resulting shortlist of options comprises:

- **Do Nothing:** Return to the pre-Project position with cellular pathology services reporting all cases using microscopes and glass slides. This would put the service at considerable risk and is no longer a viable option
- **Do Minimum:** Continue to with existing arrangements whereby cellular pathology services continue to report most cases using microscopes/glass slides and perform some digital reporting using current limited digital capability. This would require two pathways to operative simultaneously and would be prone to error and considerable inefficiency.
- **Intermediate Option:** Cellular pathology services utilise as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution, along with AI/computational pathology functionality. Funded through a combination of capital and revenue funding (NHS owned asset and ongoing support/maintenance contract).
- **Preferred Way Forward:** Cellular pathology services utilise as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution, along with AI/computational pathology functionality. Delivered through a fully revenue funded managed service contract (provider owns and manages the digital solution).

### Options Appraisal

The key features of the shortlisted options included an analysis of advantages and disadvantages is provided below.

Table 17 Key features of Do Nothing

OPTION 1	DO NOTHING
<b>Description</b>	The 'do nothing' option reflects the position pre-Project where cellular pathology services reported all cases using microscopes and glass slides. If this option was to be used, all digital enablement and voice command procured pre-Project and in Phases 1 & 2 would not be utilised. The benefits demonstrated in the AI prostate project could not be realised.
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• No training on digital systems required</li> <li>• No digital image storage requirements</li> <li>• No requirement for digital hub</li> </ul>

<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Wales not benefitting from digital technology whilst the rest of the UK takes advantage of the latest technology resulting in an adverse impact on patients as well as recruitment and retention.</li> <li>• Unsustainable in the long term likely to lead to backlogs</li> <li>• Decreased recruitment and retention of staff due to noninnovative practice</li> <li>• Unlikely to support Single Cancer Pathway TATs</li> <li>• Not utilising digital equipment purchased for Phases 1 &amp; 2</li> <li>• Not utilising the integration development between current supplier &amp; LIMS</li> <li>• Unable to employ AI solutions</li> <li>• Inequity of service provision across Wales</li> <li>• Not aligned to international direction of travel for the service</li> <li>• Light microscopy will become a virtually obsolete diagnostic modality and it will be even harder to recruit pathologists particularly newly qualified pathologist and almost certainly impossible to support histopathology training in Wales again exacerbating the current recruitment issues</li> </ul>
<b>Conclusion</b>	<p>Cellular pathology services in NHS Wales are incredibly fragile and probably unsustainable in the long term. The increase in demand such as the current increase in volume of work during the Recovery Phase of COVID-19 has put additional strain on</p>
	<p>the service which has led to very lengthy backlogs in reporting and a significant increase in the volume and cost of outsourcing. As well as inability to deliver target turnaround times for many cancers.</p>

Table 18 Key features of Do Minimum

<b>OPTION 2</b>	<b>DO MINIMUM</b>
<b>Description</b>	<p>The 'do minimum' option reflects the current position whereby cellular pathology services continue to report most cases using microscopes /glass slides and perform some digital reporting using current limited digital capability.</p>
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Some digital enablement in each of the Health Board's</li> <li>• A small amount of cross boundary working e.g. BCUHB/SBUHB</li> <li>• Proved the proof of concept through interim hub and spoke formation and sharing of images</li> <li>• Ability to use a very limited amount of AI</li> </ul>

<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Not aligned to international direction of travel for the service</li> <li>• Decreased recruitment and retention of staff</li> <li>• Unsustainable in the long term and already leading to significant backlogs</li> <li>• Unable to maximise the benefit from the use of AI</li> <li>• Unlikely to be able to support Single Cancer Pathway TATs</li> <li>• Inequity of service provision across Wales</li> <li>• Limited digital image storage</li> </ul>
<b>Conclusion</b>	<p>Cellular pathology services in NHS Wales are incredibly fragile and probably unsustainable in the long term. The increase in demand such as the current increase in volume of work during the Recovery Phase of COVID-19 has put additional strain on the service which has led to very lengthy backlogs in reporting and a significant increase in the volume and cost of outsourcing. As well as inability to deliver target turnaround times for many cancers.</p>

Table 19 Key features of Preferred Way Forward Option - Capital

<b>OPTION 3</b>	<b>INTERMEDIATE</b>
<b>Description</b>	<p>This option reflects a cellular pathology service that utilises as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution. Funded through a combination of capital and revenue funding.</p>
<b>Advantages</b>	<ul style="list-style-type: none"> <li>• Aligned to international direction of travel for the service</li> <li>• Digital storage solution</li> <li>• Sustainable equitable cellular pathology service across NHS Wales</li> <li>• The sharing of specialist clinical resource/expertise through improved digital networking of services in Wales progressing towards a proposed national network of cellular pathologists</li> <li>• Improvement in attractiveness of recruitment and retaining of staff</li> </ul>

	<ul style="list-style-type: none"> <li>• Ability to report nationally across Health Board boundaries to realise the Project ethos of any Consultant, reporting any case, from any location</li> <li>• National image sharing</li> <li>• AI/computational pathology can be better utilised to support and improve the quality of clinical diagnosis</li> <li>• Improve quality and drive innovation through the development of AI</li> <li>• Supports Single Cancer Pathway TATs</li> <li>• Access to different specialities e.g. lymphoma cases between BCUHB and SBUHB</li> <li>• Improve patient care through the use of a national digitalised network, facilitating quicker second opinions and facilitate cross boundary working</li> <li>• Improved MDT preparation by eliminating time spent collating cases for MDT review</li> <li>• Enable pathologists to interact easier with colleagues e.g. multi-disciplinary team meetings</li> <li>• Use in education, training (both in class and virtual) and for presenting at MDTs, tumour boards etc</li> <li>• Access to NHSE and UK wide expert networks for fragile services such as paediatric pathology and neuropathology which are difficult to sustain unilaterally in Wales.</li> <li>• Minimises revenue impact for Health Boards</li> <li>• Utilise digital equipment purchased during Phase 1 &amp; 2</li> <li>• Utilise integration developed between current supplier and new LIMS</li> <li>• Reduces risks associated with the transfer of tissues, tissue blocks and slides.</li> <li>• Digital images are not covered by the Human Tissue Act and therefore moving toward the use and storage of digital image for autopsy cases removes a significant existing HTA compliance risk with management and disposal of post mortem slides.</li> <li>• Reduces costs associated with secure storage and retrieval of PM slides across Wales.</li> <li>• Frees up existing internal space and reduce footprint refurbishment or new build costs.</li> <li>• Reduction in the carbon footprint</li> </ul>
<p><b>Disadvantages</b></p>	<ul style="list-style-type: none"> <li>• Training on digital systems required (much of this is already underway)</li> <li>• Digital image storage requirements</li> <li>• Requirement for digital Hub</li> <li>• Capital funding unlikely to be available over the longer term.</li> </ul>

<b>Conclusion</b>	Option 3 would improve sustainability and equity of the service ensuring realisation of Project benefits but is unlikely to be affordable over the longer term because of ongoing capital investment requirements to replace and maintain the digital equipment in the future.
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Table 20 Key features of Preferred Way Forward Option - Revenue

<b>OPTION 4</b>	<b>PREFERRED WAY FORWARD</b>
<b>Description</b>	The 'Preferred Way Forward' option reflects a cellular pathology service that utilises as much digital reporting as possible through national scale up of digital enablement, digital storage and digital hub solution. Delivered through a fully revenue funded managed service contract.

<p><b>Advantages</b></p>	<ul style="list-style-type: none"> <li>• Aligned to international direction of travel for the service</li> <li>• Digital storage solution</li> <li>• Sustainable equitable future proofed cellular pathology service across NHS Wales</li> <li>• The sharing of specialist clinical resource/expertise through improved digital networking of services in Wales progressing towards a proposed national network of cellular pathologists</li> <li>• Improvement in attractiveness of recruitment and retaining of staff</li> <li>• Ability to report nationally across Health Board boundaries to realise the Project ethos of any Consultant, reporting any case, from any location</li> <li>• National image sharing</li> <li>• AI and computational pathology can be utilised to support and improve the quality of clinical diagnosis</li> <li>• Improved quality &amp; drive innovation through the development of AI/computational pathology</li> <li>• Supports Single Cancer Pathway TATs</li> <li>• Greatly improved rapid access to different specialities as already demonstrated by referral of digitalised lymphoma cases between BCUHB and SBUHB and digitally supporting MDTs for national screening services such as cervical cytology from a specific site.</li> <li>• Improve patient care through the use of a national digitalised network, facilitating quicker second opinions and facilitate cross boundary working</li> <li>• Improved MDT preparation by eliminating time spent collating cases for MDT review</li> <li>• Enable pathologists to interact easier with colleagues e.g. multi-disciplinary team meetings</li> <li>• Use in education, training (both in class and virtual) and for presenting at MDTs, tumour boards etc</li> <li>• Ensures that all equipment and technology remains up to date over the life of the contract without the need for capital investment</li> <li>• Avoids the need for capital investment upfront and in the future.</li> <li>• Reduces risks associated with the transfer of tissues, tissue blocks and slides.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Reduces costs associated with secure storage and retrieval of PM slides across Wales.</li> <li>• Frees up existing internal space and reduce footprint refurbishment or new build costs.</li> <li>• Reduction in the carbon footprint</li> <li>• Utilise digital equipment purchased during Phase 1 &amp; 2</li> <li>• Utilise integration developed between current supplier and LIMS</li> </ul>
<b>Disadvantages</b>	<ul style="list-style-type: none"> <li>• Training on digital systems required (already ongoing)</li> <li>• Digital image storage requirements</li> <li>• Requirement for digital Hub</li> <li>• Increased revenue consequences for Health Board</li> </ul>
<b>Conclusion</b>	Option 4 would improve sustainability and equity of the service ensuring realisation of Project benefits without the need for initial and future capital investment. A managed service contract will provide the flexibility to take advantage of innovations in the future however NHS Wales cloud could be considered too.

The options have been considered in further detail with a cost benefit analysis below.

### *Estimating Costs*

For the purposes of the BJC, indicative costs have been estimated based on the information that is currently available. This includes:

- **Do Nothing:** It has not been possible to determine baseline costs at this stage as costs differ significantly across the service and are impacted by various factors. In any event, existing operating costs are expected to continue since there will be an ongoing need for the acquiring, using, and storing glass slides. Baseline costs are therefore excluded for comparison purposes as it is expected they would apply consistently to all options. Any opportunities for efficiency savings or cost reductions are dealt with in the benefits section.
- **Do Minimum:** Indicative costs have been estimated for the continuation of partial digital capability. This includes the cost of initial set up in each of the Health Boards (although this does not include costs for image storage, integration with LIMS or integration costs for speech) and ongoing annual costs for maintenance and warranty.
- **Intermediate Option:** Indicative costs have been estimated based on current knowledge of the market and anticipated resource requirements as outlined in the Financial Model (Appendix F1).
- **Preferred Way Forward:** Indicative costs have been estimated based on current knowledge of the market and anticipated resource requirements as outlined in the Financial Model (Appendix F1).

The table below outlines the resulting indicative costs for each of the options over a 20-year appraisal period:

Table 21 Indicative Costs

	Option 0 - BAU	Option 1 - Do Min	Option 2 - Cap/Rev	Option 3 - PWF (Rev)
	£'000	£'000	£'000	£'000
Project Team	0	0	826	0
DHCW Support	0	74	0	0
Solution Costs	0	672	8,184	0
<b>Initial capital costs</b>	<b>0</b>	<b>746</b>	<b>9,010</b>	<b>0</b>
Lifecycle costs (20-year appraisal period)	0	1,492	16,368	0
<b>Whole life capital costs</b>	<b>0</b>	<b>2,238</b>	<b>25,377</b>	<b>0</b>
Project Team inc. DHCW element (non-recurring)	0	0	0	423
DHCW Support (Recurring)	0	0	966	1,728
Additional Health Board staff (20-year appraisal period)	0	0	9,498	9,498
Solution Costs (20-year appraisal period)	0	0	53,980	56,368
Maintenance and Warranty (20-year appraisal period)	0	608	0	0
<b>Whole life revenue costs</b>	<b>0</b>	<b>608</b>	<b>64,443</b>	<b>68,017</b>
<b>Total whole life costs (20-year appraisal period)</b>	<b>0</b>	<b>2,846</b>	<b>89,821</b>	<b>68,017</b>
<b>Equivalent Annual Costs</b>	<b>0</b>	<b>142</b>	<b>4,491</b>	<b>3,401</b>

### Estimating Benefits

The Project to date has identified specific benefits associated with these factors and work has been undertaken to quantify them, building on experience of the first two phases and establishing baseline positions and target improvements. Where possible, these metrics have been stated in monetary equivalent values to enable a thorough cost benefit analysis to be prepared.

For the purposes of the BJC, indicative values have been estimated to determine the potential opportunities available to NHS Wales organisations for the following categories of financial benefits:

- **Cash releasing benefits:** Direct cost saving as results of reduced resource requirements.
- **Non-cash releasing benefits:** Productivity savings that can be quantified in monetary equivalent values but are not expected to directly reduce costs although they will release staff time to focus on alternative activities.
- **Societal benefits:** Indirect benefit that will be realised by wider society and can be quantified in monetary equivalent values.

For the purposes of the BJC, efficiency benefits are assumed to be non-cash releasing to give an indication of the scale of opportunity available, but this will be reviewed in detail as the benefits are developed and opportunities sought to convert into cash releasing benefits.

Calculations are based on the early phases and findings at BCUHB and individual Laboratory Managers' assessments of how this is expected to apply at a Health Board level. The main assumptions are outlined in the following table with the total NHS Wales impact outlined. Specific Health Board assumptions and values are provided in Appendix M1.

Table 22 Benefits Overview

ID	Description	Measure	Target Improvement	Value £'000	Assumptions
<b>Increased capacity to meet growing demand</b>					
<b>B01</b>	Streamlined workflow and greater ability to recruit and retain suitably skilled staff will contribute to increasing capacity to enable the service to meet growing demand. This will reduce reliance on outsourcing in the future.	Outsourcing and temporary staffing costs	Potential cost avoidance in the future	<b>See risk R2 below</b>	It is not possible to reduce current outsourcing costs because there are multiple factors which drive the need for external capacity. However, full digitisation could potentially reduce the need for increased outsourcing / use of locums in the future to deal with growing demand, as the streamlined workflow and better recruitment/retention will increase future internal capacity.
<b>Streamlined workflow leading to productivity gains</b>					
<b>B02</b>	Greater ability to get the section quality right first time will reduce the need to re-work slides	Number of reworked slides	<b>823 fewer slides re-worked</b> each year across Wales	<b>£4k p.a.</b> Non-cash releasing	Based on Health Boards' assessments of the potential in reduced number of reworked slides for each lab, based on estimated average cost per re-cut.
<b>B03</b>	Use of voice recognition/command software reduces workforce time spent reporting on H&E samples	Number of hours spent reporting on H&E samples	<b>2,984 fewer hours spent reporting on H&amp;E samples</b> each year across Wales	<b>£146k p.a.</b> Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.
<b>B04</b>	Ability to link H&E and IHC /special stains on screen will reduce the amount of time workforce spend linking individual cases	Number of hours spent linking cases	<b>2,866 fewer hours spent linking cases</b> each year across Wales	<b>£63k p.a.</b> Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.

<b>B05</b>	Ability to undertake online real time consultations and reviews will reduce the amount of time workforce spend searching for and sharing case information	Number of hours spent searching for and sharing case information	<b>4,491 fewer hours spent searching for and sharing case information</b> each year across Wales	<b>£80k p.a.</b> Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.
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<b>ID</b>	<b>Description</b>	<b>Measure</b>	<b>Target Improvement</b>	<b>Value £'000</b>	<b>Assumptions</b>
<b>B06</b>	Easier access to archived slides and case tracking, archival and retrieval will reduce the amount of time workforce spent filing and retrieving slides	Number of hours spent slide filing and retrieval	<b>5,764 fewer hours spent on slide filing and retrieval</b> each year across Wales	<b>£78k p.a.</b> Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.
<b>B07</b>	Improved access to external second opinion and improved case transfer times will reduce the amount of workforce time spent sending slides	Number of hours spent sending slides	<b>5,357 fewer hours spent sending slides</b> each year across Wales	<b>£78k p.a.</b> Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.
<b>B08</b>	Easier access to archived slides and case tracking, archival and retrieval will reduce the amount of workforce time spent preparing for MDT meetings	Number of hours spent preparing for MDT meetings	<b>9,558 fewer hours spent preparing for MDT meetings</b> each year across Wales	<b>£139k p.a.</b> Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.
<b>B09</b>	Fully automated electronic case assembly will reduce the amount of workforce time spent assembling cases	Number of hours spent assembling cases	<b>7,643 fewer hours spent assembling cases</b> each year across Wales	<b>£155k p.a.</b> Non-cash releasing	Based on Health Boards' assessments of the potential in time saving, based on average salaries of staff involved in the process.
<b>Non-pay costs</b>					

<b>B10</b>	Use of 2D bar codes to identify requests, specimens, blocks, slides and images reduces the need for paper labels	Number of labels printed	Limited information available to measure improvement	Unmonetisable	Data is not currently available from Health Boards to quantify at this stage. However, when fully integrated, this is likely to be cash releasing.
<b>B11</b>	Single identifier for a sample across Wales will reduce the need to transport slides	Number of slides transported	Limited information available to measure improvement	Unmonetisable	Data is not currently available from Health Boards to quantify at this stage. However, BCU identified this as a cash releasing benefit during earlier phases
<b>B12</b>	Reduced risk of tissue/slide loss or damage will reduce the need to repeat tissue collection	Number of tissue samples/slides	Limited information available to measure improvement	Unmonetisable	Data is not currently available from Health Boards to quantify at this stage

ID	Description	Measure	Target Improvement	Value £'000	Assumptions
		slides lost or damaged			
<b>Improved workforce experience</b>					
<b>B13</b>	More flexible of ways of working open to the workforce as the new system will enable remote working	Not easily measurable	Qualitative	Unmonetisable	Not easily measurable but enabling more flexible ways of working will contribute to the recruitment and retention of staff
<b>B14</b>	Teaching, training and mentoring	Not easily measurable	Qualitative	Unmonetisable	
<b>B15</b>	Improved recruitment and retention of highly skilled staff	Not easily measurable	Qualitative	Unmonetisable	Not easily measurable but investing in digitisation which keeps pace with the rest of the UK and wider global Pathology community will support the recruitment and retention of staff
<b>Improved patient outcomes</b>					

<b>B16</b>	Prioritisation of cases to meet cancer targets	Not easily measurable	Qualitative	Unmonetisable	
<b>B17</b>	Speedier diagnosis of urgent cases	Not easily measurable	Qualitative	Unmonetisable	
<b>B18</b>	Reduced risk of patient/slide misidentification errors	Not easily measurable	Qualitative	Unmonetisable	
<b>Opportunities to deliver benefits of Computational Pathology and AI</b>					
<b>B19</b>	AI/computational pathology for enhanced cancer research	Not easily measurable	Qualitative	Unmonetisable	
<b>Other system improvements</b>					
<b>B20</b>	Automated case allocation to pathologist	Not easily measurable	Qualitative	Unmonetisable	
<b>B21</b>	Electronic test request and workload management in lab	Not easily measurable	Qualitative	Unmonetisable	

<b>ID</b>	<b>Description</b>	<b>Measure</b>	<b>Target Improvement</b>	<b>Value £'000</b>	<b>Assumptions</b>
	enabling improved planning and work force management				
<b>B22</b>	Synchronous analysis of slides	Not easily measurable	Qualitative	Unmonetisable	
<b>B23</b>	Flip and rotate images to aid interpretation	Not easily measurable	Qualitative	Unmonetisable	
<b>B24</b>	Measurement and annotation	Not easily measurable	Qualitative	Unmonetisable	

<b>B25</b>	Improved ergonomics	Not easily measurable	Qualitative	Unmonetisable	
<b>B26</b>	Use of annotated scanned image to identify tumour areas required for genomic analysis	Not easily measurable	Qualitative	Unmonetisable	
<b>B27</b>	Transfer of information on electronic request direct to report	Not easily measurable	Qualitative	Unmonetisable	
<b>B28</b>	Clearer diagnostic audit trails	Not easily measurable	Qualitative	Unmonetisable	
<b>B29</b>	Quantification of specific cells and markers	Not easily measurable	Qualitative	Unmonetisable	
<b>B30</b>	Highlighting and heat mapping of areas of abnormality	Not easily measurable	Qualitative	Unmonetisable	
<b>B31</b>	Quality control and audit	Not easily measurable	Qualitative	Unmonetisable	
<b>B32</b>	Automatic formatting of certain reports such as normal colonic biopsies based on AI prescreened slides	Not easily measurable	Qualitative	Unmonetisable	

<b>ID</b>	<b>Description</b>	<b>Measure</b>	<b>Target Improvement</b>	<b>Value £'000</b>	<b>Assumptions</b>
<b>B33</b>	Research resource	Not easily measurable	Qualitative	Unmonetisable	
<b>B34</b>	AI to identify micro-organisms	Not easily measurable	Qualitative	Unmonetisable	

<b>B35</b>	Assessing disease progression	Not easily measurable	Qualitative	Unmonetisable	
<b>B36</b>	Fewer microscopes to service in the future	Not easily measurable	Qualitative	Unmonetisable	
<b>B37</b>	Capture of digital image at macro dissection using macro path systems	Not easily measurable	Qualitative	Unmonetisable	
<b>B38</b>	Digital dictation direct into report in dissection room	Not easily measurable	Qualitative	Unmonetisable	

The resulting indicative benefits values have been applied to the options as follows:

- **Do Nothing:** will not deliver any benefits.
- **Do Minimum:** will only allow partial delivery of benefits since it will provide limited digital capability. For the purposes of the BJC it is assumed that 10%20% of activity will use digital reporting. However, to reflect the inefficiencies that will be inherent in dual running of a system, this is reduced by half and so it is assumed that just 7.5% of potential benefits are deliverable.
- **Preferred Way Forward:** Provides the opportunity to deliver 100% of the benefits value.

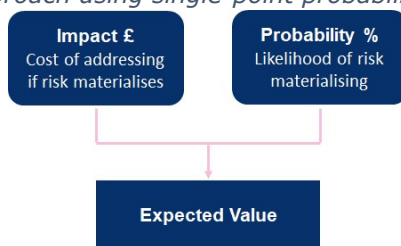
### Estimating Risks

To present a comprehensive cost benefit analysis, an indicative assessment of risks has been undertaken and efforts made to quantify these in monetary equivalent values. The main risks that have been considered for this purpose are:

- Risk that digital cellular pathology information and images are not backed up as data storage is not resolved.
- Risk that inadequate systems impact on sustainability of services

These risks have been quantified by calculating an 'expected value'. This provides a single value for the expected impact of all risks. It is calculated by multiplying the likelihood of the risk occurring (probability) by the cost of addressing the risk (impact) and summing the results for all risks and outcomes.

Figure 5 Risk quantification approach using single-point probability analysis



The assumptions included to assess the impact and probability of these risks are outlined in the tables below:

Table 23 Risk Assumptions

	Do Nothing	Do Minimum	Preferred Way Forward
<b>R1: Data storage</b>			
Risk	<b>Digital cellular pathology information and images are not backed up as data storage is not resolved.</b>		
Consequence	<b>Data images could be lost impacting on diagnostic reporting</b>		
Impact	Benefits will not be realised - Do Minimum: £56k p.a.; Preferred Way Fwd.: £773k p.a.		
Probability	N/A	75%	1%
Timescales	N/A	Years 0-20	Years 0-20

<b>Risk Value £'000 (Total 20ye ar)</b>		<b>836</b>	
	<b>Do Nothing</b>	<b>Do Minimum</b>	<b>Preferred Way Forward</b>
<b>R2: Sustainability</b>			
Risk	<b>Risk that inadequate systems impact on service sustainability</b>		
Consequence	<b>In addition to patient impact (which is not quantifiable in monetary terms), staff morale and ability to recruit impacted.</b>		
Impact	Vacancies will increase - Assume that between 20% - 40% of current established Pathologists posts (equates to between 12 - 24 WTE) become vacant and cannot be recruited to and that this would result in additional temporary staff costs. Assuming 25% premium on average pay costs, equates to an impact of £288k - £576k p.a.		
Probability	80%	80%	1%
Timescales	Years 0-20	Years 0-20	Years 0-20
<b>Risk Value £'000 (Total 20ye ar)</b>	<b>6,912</b>	<b>6,912</b>	<b>86</b>

### **Economic Appraisal Results**

The indicative assumptions above have been incorporated into a discounted cash flow for each of the options, using DHSC's Comprehensive Investment Appraisal (CIA) model, to support the appraisal of overall value for money and cost-benefit analysis of the shortlisted options. In line with HMT Green Book requirements:

- Costs, benefits and risks are calculated over a 20-year appraisal period.
- Year 0 is 2025/26.
- Costs and benefits use real base year prices – all costs are expressed at 2023 prices in line with the baseline costs.
- The following costs are excluded from the economic appraisal:
  - Exchequer 'transfer' payments, such as VAT.
  - General inflation.
  - Sunk costs.
  - Non-cash items such as depreciation and impairments.
  - A discount rate of 3.5% is applied.

The results of the economic appraisal suggest that the Do Minimum provides a better net present cost than the two Preferred Way Forward options because of the minimal costs involved. However, there are several other factors that should be considered in comparing the options:

- The Do Nothing and Do Minimum options represent significant risks that it is not possible to express in monetary values and so are not accounted for in this analysis, such as sustainability impact on patients and the wider service and inequity of service across Wales.

- The Preferred Way Forward is necessary to deliver a service that is in line with international best practice and provides opportunities for maximising benefits through the adoption of AI/computational Pathology technologies.

A summary of the overall options appraisal is provided in the following table:

Table 24 Options appraisal summary

	<b>Do Nothing</b>	<b>Do Minimum</b>	<b>PWF – Capital / Revenue</b>	<b>PWF - Revenue</b>
<b>Net Present Cost (£'000)</b>	<b>Unable to be calculated, see pg.49</b>	<b>4,749</b>	<b>41,715</b>	<b>34,370</b>
<b>Benefit Cost Ratio</b>	<b>-</b>	<b>0.05</b>	<b>0.67</b>	<b>0.81</b>
	N/A	Some benefits for small proportion of activity.	Service in line with international direction of travel.  Improved collaboration and flexibility of service.	Service in line with international direction of travel.  Improved collaboration and flexibility of service.
<b>Significant nonfinancial benefits</b>			Opportunities to maximise benefits e.g. adoption of AI.	Opportunities to maximise benefits e.g. adoption of AI.  Managed service contracts provide opportunities to keep pace with technological advances

<b>Residual risks</b>	Significant risk to sustainability and inequitable service across Wales.	Significant risk to sustainability and inequitable service across Wales.	Capital investment required initially and in the future	Additional revenue funding required from HBs
	Unable to provide modern Pathology service leading to challenges recruiting and retaining workforce.	Unable to provide modern Pathology service leading to challenges recruiting and retaining workforce.	Restricts opportunities to keep pace with technological advances	
		Ongoing inefficiencies of running two systems.		

**Preferred Option**

Based on the financial and non-financial analysis above, the Preferred Way Forward has the highest cost benefit ratio, based on delivering cash benefits in the form of significantly reducing the requirement for outsourcing from year 3 when the digital cellular pathology solution is fully in place and based on Health Boards/Trust experience, organisations are more able to attract consultant staff. This option involves a national scale up digital reporting which is recommended as the preferred option. This will be delivered via a combination of Health Board revenue funding - both non-recurring and recurring.

Although Option 2 Capital/Revenue model could deliver the same benefits, it is at a higher cost so the cost benefit ratio is lower. Option 1, Do minimum has the lowest cost benefit ratio due to only delivering 10% of the benefits that options 2 and 3 are able to deliver.

## 5 Commercial Case

The Commercial Case sets out the procurement route and seeks to demonstrate that the preferred option will result in a viable procurement and a well-structured deal between the public sector and the supplier.

### Procurement Route

Three procurement models were considered as part of the options framework. These are:

- 1) **Traditional Purchase and Service Support Model:** In this model the equipment and software is purchased outright as a capital asset and is owned by NHS Wales. The supplier implements the system, but once implemented it would be managed by NHS Wales with the supplier providing technical and service support under a contract arrangement requiring recurrent revenue funding. The service support contract would still include all the same management responsibilities and KPIs etc as a managed service provider model.
- 2) **Managed Service Provider Model:** In this model, NHS Wales purchases a "service" from the supplier. The supplier then implements and manages the system with charges based on fee-per-service arrangements. NHS Wales does not own the hardware or software. This model moves most of the capital acquisition costs into recurrent revenue budget, spreading that expenditure across the life of the system.
- 3) **Hybrid Model:** The extent of the managed service provider model may be limited, for example with NHS Wales taking ownership of some infrastructure either located in NHS organisations and/or an NHS Data Centre, but with the supplier taking responsibility for management and ongoing service support. As with the traditional purchase and service support model this would involve capital and revenue accounting treatment of costs and associated funding.

The managed service provider model has been selected as the preferred way forward, following review by the NDCP Project Board and NHS Wales Executive. Two procurement routes were explored: full tender and a framework agreement. The strengths and weaknesses of each route are outlined in the table below.

Table 25 Procurement route options - strengths and weaknesses

Tender Process		Framework Agreement	
Strengths	Weaknesses	Strengths	Weaknesses
All suppliers can bid therefore not limiting market	Can increase timelines slightly	Doesn't require an advert out to Find a Tender Service (FTS)	Some suppliers on potential framework 1 and other suppliers on potential framework 2 limiting bidders.

Can shape specification exactly to requirements		Could reduce timelines slightly	Having engaged with the market, suppliers could potentially challenge why we have used a framework limiting competition. Justification would be required as to why framework used.
Other procedures can be used that may aid			QE Procurement Framework only
the process e.g. a competitive procedure with the negotiation, or a competitive dialogue if required			permits purchase of a full solution so scanners and PACS must be from same supplier (albeit this could be a primary bidder who is supplying products from another manufacturer)

It has been agreed by the NDCP Project Board that a full tender process is the most suitable route.

### Procurement Scope and Specification

The principal aim of the procurement is to procure appropriate services to create a fully digitised cellular pathology service that will replace the existing traditional microscopy service. The scope of the procurement (as agreed by the NDCP Project Board) is explained in more detail on page 38:

- **Slide scanners**
- **Medical grade screens**
- **Management systems**
- **Additional workstations/laptops**
- **Image storage**
- **AI/computational pathology**
- **Standardisation of services**
- **Adoption of technical standards for image formats**

It should be noted that the Procurement scope does not include tissue processors, stainers and other specialist laboratory equipment. These are out of scope since the standardisation of existing equipment is not currently considered achievable due mainly to cost.

The final specification will be agreed following pre-tender engagement with suppliers. It will be made clear as part of any procurement exercise that all images remain the property of the Health Boards. The Health Boards will remain responsible for ensuring data protection and security. This provides extra resilience and security through independent review. It is anticipated that all data collected will form part of the single patient record.

### Timeline for Procurement

The table below sets out the procurement milestones and complies with all applicable legal requirements.

Table 26 Key Procurement Milestones

Activity	Date
Update specification of requirements	Ongoing
Sign off final specification and agree award criteria	April 2025
Publish ITT	April 2025
ITT response deadline	June 2025
Activity	Date
Evaluation of responses	June - October 2025
Contract award	November 2025
Contract start date	April 2026 (staggered across Health Boards)

### Payment Mechanism

Payment mechanisms will be confirmed when the preferred bidder is identified.

### Contractual Arrangements

An FTS tender procedure has been established as the most suitable procurement route. This will require the development of a specification of requirements. This will be undertaken by the NDCP Project, taking account of lessons learned from other similar initiatives.

Key aspects of the contractual relationship that the NDCP Project is seeking to achieve will be reflected in the contract as follows:

- Value for Money (VfM) – the proposed procurement will have an underpinning financial model that provides transparency and certainty around costs for key system and service elements. These costs can be considered alongside how well the system design meets the clinical and technical requirements. The aim is to secure the optimum combination of whole-of-life costs and quality (or fitness for purpose) of the system and services to meet NHS Wales requirements. A value-based approach to procurement should be adopted to deliver long-term outcomes for patients, including improved patient experience and better clinical outcomes. A key contractual issue when considering the VfM is how risks are allocated between the supplier and NHS Wales.
- Intellectual Property Rights (IPR) – The IPR from the application and the interfaces is not envisaged to have significant value for the Contracting Authority and need not be pursued to any major extent. In instances where the Authority works with the successful Contractor to develop and refine clinical

content, question sets and workflow, then IPR equivalent to the invested resource by the Authority shall be retained.

- Warranties and guarantees – this is notionally a high-cost deal and the perceivable risk of loss (of the service) is moderate, given its intended use by the NHS in Wales. These should be pursued within the contract.

### **Legal and Personnel Implications**

It is anticipated that a Programme Manager will be appointed to lead the Procurement Project working to the National Pathology Portfolio Programme Lead. The Programme Manager will manage the procurement, working with the Procurement Lead allocated by NWSSP and specialist advice as required.

It is likely that specific individuals will be involved across multiple activities and/or may undertake more than one role in order to ensure consistency and assist in securing an appropriately robust outcome. The combined staff and consultancy team will cover the following roles for the procurement (for more details see page 17):

- a) National Digital Cellular Pathology Project Team**
- b) NWSSP Procurement Project Team**
- c) Health Board Representatives**
- d) DHCW Representatives**

It is not expected that any Phase 3 activities will fall under TUPE – Transfer of Undertakings (Protection of Employment) Regulations 1981.

## 6 Financial Case

### Introduction

At the time of writing the BJC, limited supporting information is available to determine accurate costs, therefore indicative figures have been estimated based on initial information received from suppliers and the assumptions outlined below.

### Accounting Treatment

Given the lack of clarity around costs at this stage, assumptions have been made about the appropriate financial treatment. These will be validated during the procurement process as specifications are drafted and tenders received by potential suppliers outlining firm costs and potential contractual arrangements.

### Capitalisation

Since the preferred option involves delivering the digital cellular pathology solution via a managed service contract, it is anticipated that no assets will be created, and therefore all costs associated with the scheme will be treated as revenue costs.

### IFRS16

The baseline assumption of this business justification case is that this will be a revenue cost driven solution, however as part of the procurement exercise an assessment of the service offering, contractual requirement, terms & conditions and ownership will be required to ascertain whether there are any portions of the "managed service" (broken down within the supplier financial model) that constitute a "right of use asset".

This principle would mean that any embedded lease's C-DEL (Capital Delegated Expenditure Limit) impact will occur at the time of procuring the right of use asset & lease liability and will equal the value of the right of use asset necessitating a transfer from revenue to capital, the mechanism for completing this via the "revenue recovery" process will be made clear within the final case (if required).

### VAT

Initial advice will be sought from one of the NHS Wales VAT advisors as to the possible VAT accounting treatment for the procurement in order to ascertain the likely VAT treatment of the contract. Initial review of VAT guidance would suggest:

- In relation to Software as a Service (SaaS) and Cloud Services, the current HMRC view is based on the question - is the solution as a whole something that can be demonstrated to be 'to the specification of' NHS Wales. If NHS Wales can demonstrate that the answer to this question is yes, as appears to be the case for this procurement, the costs should be VAT recoverable.
- All participating organisations, at the time of placing local deployment orders, should consult with their own VAT advisors and auditors to ensure VAT treatment is compliant with HMRC definitions. For the purposes of this iteration of the BJC, it is assumed that all capital costs (excluding capitalised staff) are not deemed VAT recoverable whilst ongoing service provision, support and maintenance will be recoverable as per COS Heading 14 - Computer services supplied to the specification of the recipient.

This assumption regarding VAT accounting will be confirmed with NHS Wales VAT Advisors as the procurement progresses and the design of the solution and contract terms become clearer.

### **Costing Methodology**

Indicative costs for delivering the preferred option have been estimated for the following categories:

- Project team
- DHCW support
- Solution costs
- Additional Health Board staff

Further details are available in Appendix F1. The methodologies for estimating these cost categories are outlined below.

### **Implementation Plan**

While a detailed project plan will need to be developed and agreed with the final preferred bidder for the solution, for the purposes of the BJC the following timescales are assumed:

- Procurement process: April 2025 – March 2026
- Implementation period: April 2026 – March 2027

### **Project Team**

The cost of the Project team has been estimated based on the staff required to provide support in the initial 3 years of the programme including:

- 1 WTE Band 8a Programme Manager.
- 1 WTE Band 4 Senior Project Support Officer.

The cost of the following will be required for procurement and length of contract:

- 1 WTE Band 7 NWSSP Procurement Project Manager/Category Manager

It is assumed that the National Pathology Portfolio Programme Lead and Senior Project Manager will continue to be funded through the National Pathology Programme budget.

### **DHCW Support**

The cost of DHCW support has been based on anticipated requirements for the development of the infrastructure and integration of the new solution plus the ongoing support including:

- 0.5 WTE Band 8b Lead Engineer Networking.
- 0.5 WTE Band 8a Infrastructure Design (non-recurring).
- 0.5 WTE Band 6 Support Integration.
- 0.5 WTE Band 6 Development Integration.

## **Solution Costs**

Market testing was undertaken to obtain an indication of the likely cost of procuring a solution. Potential bidders provided anticipated costs for each of the Health Boards based on current cellular pathology activity levels. This included annual charges associated with:

- Digital scanners, workstations and any other hardware required.
- Integration into LIMS
- Storage
- Software (including voice recognition)
- Artificial Intelligence.
- Service.
- Training.
- Managed service contract fee.

The annual running costs are therefore estimated at an average of £3.2m p.a. over a 9-year period based on the following:

- Contingency of 20% to reflect the high degree of uncertainty around these costs in advance of the procurement process.
- At this stage, it is assumed that these costs will be classified as revenue expenditure. It should be noted that this will be subject to further review and advice from specialist advisors.
- As outlined above, it is assumed for the purposes of the BJC that VAT will be recoverable.

Solution costs are expected to be incurred from April 2026 at the start of the implementation period (bandwidth/infrastructure due to be incurred during 2025/26 in readiness for implementation of new solution).

## **Additional Health Board Staff**

It is anticipated that there will be ongoing revenue costs associated with Health Board staff requirements from 2025/26 including:

- Band 6 Biomedical Scientist – 1 WTE per Health Board.
- Band 3 Healthcare Support Worker – 1 WTE per Health Board.
- Band 7 IT – 1 day per week per Health Board, reducing to 0.5 day per week from 2028/29 onwards.

It is anticipated that these roles are recruited and in post 6 months prior to implementation.

## **Capital Requirements**

As the solution is anticipated to be delivered via a managed service contract, no capital investment is expected.

## **Revenue Requirements**

Based on the assumptions outlined above, it is anticipated that the revenue consequences of implementing the preferred option will include the following:

- **Non-recurring revenue funding of £423,000 requested from Health Boards (£71,000 per HB)** for the implementation costs associated with the project team and DHCW support between 2025/26 – 2027/28.
- **Ongoing revenue funding which in total equates to £34.4m between 2025/26 – 2034/35 requested from Health Boards**, related to annual recurring revenue costs associated with the managed service contract for the solution and additional staff required to support Health Boards with the implementation and ongoing management of the solution.

An indicative apportionment of the recurring revenue costs by Health Board based on potential providers assessment of existing workload is provided below.

Table 27 Indicative Revenue Costings

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Total
	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Project Team (non-recurring)	101	101	50								251
DHCW Support (non recurring)	34	34	34								101
20% Contingency	27	27	17								71
<b>Non-recurring revenue costs</b>	<b>161</b>	<b>161</b>	<b>101</b>								<b>423</b>
Project Team (recurring - contract manager)	57	57	57	57	57	57	57	57	57	57	574
Solution Costs (recurring)	28	3,336	3,103	3,172	3,251	3,333	3,418	3,493	2,525	2,525	28,184
Health Board Additional Staff (recurring)	263	525	525	491	491	491	491	491	491	491	4,749
DHCW Support (recurring)	86	86	86	86	86	86	86	86	86	86	864
<b>Recurring revenue costs</b>	<b>434</b>	<b>4,005</b>	<b>3,772</b>	<b>3,807</b>	<b>3,886</b>	<b>3,967</b>	<b>4,053</b>	<b>4,127</b>	<b>3,160</b>	<b>3,160</b>	<b>34,371</b>
<b>Total costs</b>	<b>595</b>	<b>4,167</b>	<b>3,873</b>	<b>3,807</b>	<b>3,886</b>	<b>3,967</b>	<b>4,053</b>	<b>4,127</b>	<b>3,160</b>	<b>3,160</b>	<b>34,795</b>

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Total	
Apportionment	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total	
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
ABUHB	16.32%	72	656	618	623	636	650	664	676	518	518	5,631
BCUHB	17.18%	72	685	645	651	664	678	693	706	540	540	5,874
CTMUHB	11.42%	71	493	466	468	477	487	496	505	394	394	4,251
CVUHB	24.53%	75	930	873	884	903	923	944	963	725	725	7,945
HDUHB	12.96%	71	544	514	517	527	538	549	558	433	433	4,684
SBUHB	17.58%	73	698	657	663	677	692	707	720	550	550	5,986
<b>Total Recurring Revenue Costs</b>	<b>100.00%</b>	<b>434</b>	<b>4,005</b>	<b>3,772</b>	<b>3,807</b>	<b>3,886</b>	<b>3,967</b>	<b>4,053</b>	<b>4,127</b>	<b>3,160</b>	<b>3,160</b>	<b>34,371</b>

	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Total
	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ABUHB	27	27	17								71
BCUHB	27	27	17								71
CTMUHB	27	27	17								71
CVUHB	27	27	17								71
HDUHB	27	27	17								71
SBUHB	27	27	17								71
<b>Total Non-Recurring Revenue Costs</b>	<b>161</b>	<b>161</b>	<b>101</b>								<b>423</b>

### Affordability

Indicative costs have been estimated at this stage based on current market knowledge and resourcing requirements. Costs are outlined in Appendix F1, and a detailed explanation of the costing methodology is included above. In summary these include:

- **Solution costs:** Procurement of a managed service contract to provide digital scanners, workstations, other hardware, integration with other systems, software, training and the ongoing storage and service to maintain the system. Costs at this stage are based on the results of recent market testing.
- **Project Team:** Including non-recurring costs of Programme Manager and Senior Project Support Officer and recurring costs of NWSSP Procurement Project Manager/Category Manager. It is assumed that the National Pathology Portfolio Programme Lead and Senior Project Manager will continue to be funded through the National Pathology Programme budget.
- **DHCW Support:** Non-recurring and recurring costs based on anticipated DHCW requirements for Lead Engineer Networking, Support Integration, Development Integration and Infrastructure Design roles.

- **Additional Health Board Staff:** Ongoing cost of a Band 6 BMS, Band 3 Healthcare Support Worker and 1 day per week of Band 7 IT support for each Health Board.

Based on these assumptions, it is anticipated that funding is required as follows:

- **Non-recurring revenue funding of £423,000 requested from Health Boards (£71,000 per HB)** for the implementation costs associated with the project team and DHCW support between 2025/26 – 2027/28.
- **Ongoing revenue funding which in total equates to £34.4m between 2025/26 – 2034/35 requested from Health Boards,** related to annual recurring revenue costs associated with the managed service contract for the solution and additional staff required to support Health Boards with the implementation and ongoing management of the solution.

This investment will deliver a wide range of benefits, most critically the ability of the service to keep pace with the rest of the UK and enable it to attract and retain the highly skilled staff required to address the growing capacity gaps within the service.

While many of the benefits related to this investment are not easily quantifiable in monetary terms, service leads at each of the Health Boards have identified a range of productivity gains as a result of a more streamlined workflow which will reduce the time currently spent on existing manual processes. A prudent assessment of the total number of hours saved across Wales equates to around £750k of staff time saved each year which can be re-directed to deal with growing demand.

As demand continues to grow in the future, the value of these productivity gains will be even greater. This combined with greater ability to attract and retain workforce will reduce the risk that increased activity will need to be outsourced to external providers or covered by expensive temporary staffing in the future.

In addition to this, realisation of the substantial wider system benefits offered by AI/computational pathology, will only be possible following investment in the digital cellular pathology solution.

## 7 Management Case

### Project Management Arrangements

The Project is being managed in accordance with the standards set out in Managing Successful Programmes (MSP).

### Project Management Principles

The principles that will be observed by the work undertaken by the NDCP Project are:

- Remaining aligned with national strategy
- Leading change
- Envisioning and communicating a better future

- Focusing on benefits such as improving outcomes, patient benefit and service efficiencies
- Adding value
- Designing and delivering coherent capability
- Learning from experience

## Governance

### Governance Framework

The Governance Framework that will be developed will build on current arrangements, ensuring that:

- Governance, decision-making and escalation routes are transparent.
- Decisions, including investment decisions, are better informed.
- Lines of accountability are clear, as are limits of authority and delegations.
- Efforts are focused on delivering results rather than on processes.
- Standards and processes are simple and clear.
- Strategic oversight and governance of the Project is maintained.
- The whole contributes towards a clear and consistent vision.
- There is adequate design assurance (business and technical).
- Risks and interdependencies are identified and managed
- SROs, and Project teams, are clear about their roles and responsibilities for delivering outcomes and what they are being asked to achieve.
- There is clear ownership of and accountability for delivering benefits
- Programme and Project Management (PPM) knowledge and best practice can be readily shared.
- PPM capability is developed and relevant behaviours become embedded.
- The need for support or resources can be identified at an early stage.

## Structure

The suggested structure to enable the NDCP Project to effectively develop and deliver the “new capability” is outlined in the following diagram:

Figure 6 Programme Structure



### Sponsoring Group

The key role of the ensure the Project remains strategic objectives for NHS conflicts arising from changes or overlap with interfacing Programmes or initiatives. Its role is also to approve any investment decisions and sign off final delivery and closure of the Project. The National Strategic Planned Care Board will be performing this role.

Sponsoring Group is to aligned with the Wales and resolve any directional/policy

### Senior Responsible Owner

The SRO role is concerned with the leadership, direction and ultimate accountability for delivery of the Project and management of risk.

### ***National Pathology Portfolio Programme Lead***

The National Pathology Portfolio Programme Lead is responsible for ensuring the Project remains aligned to the deliverables within the Pathology Statement of Intent, reporting on progress to National Pathology Programme Strategic Group.

### ***Programme Manager***

The Programme Manager is responsible for establishing the Project arrangements, governance and the delivery of new capabilities or outcomes. This role is accountable to the SRO.

### ***National Digital Cellular Pathology Project Board***

The Board's role is to drive the Project forward, manage the risks and ensure the outcomes are delivered. It reports to the SRO, who chairs the Board and members are individually accountable to the SRO for their area of responsibility within the Project. Key responsibilities are:

- Define acceptable risk thresholds for the overall Project;
- Ensure the Project delivers its objectives on time, within budget and to the required quality standard;
- Resolve strategic issues between Projects;
- Ensure the integrity of benefits profiles and the benefits realisation plan;
- Provide assurance for operational stability through transition.

Established and chaired by the SRO, and coordinated and supported by the Programme Manager, the prime purpose of the Board is to:

- Drive the Project forward to deliver the outcomes and benefits;
- Provide assurance that the Project meets needs of stakeholders;
- Resolving dependencies with other Projects and areas of work;
- Ensure that members provide resource and specific commitment to support delivery;
- Have ownership for ensuring resolution of risks.

The Board reports to the SRO, and whilst the SRO may delegate responsibilities and action to members of the Board, its existence does not dilute the SRO's accountabilities and decision-making authority.

Members of the Board are individually accountable to the SRO for their areas of responsibility and delivery within the Project as follows:

- Defining the acceptable risk profile and risk thresholds for the Project;
- Ensuring the Project delivers within its agreed parameters (e.g. cost, organisational impact, rate/scales of adoption, expected/actual benefits realisation);
- Resolving strategic and directional issues between Projects, which need the input and agreement of senior stakeholders to ensure the progress of the Project;
- Ensuring the integrity of benefits profiles and benefits realisation plans and ensuring that there is no double-counting of benefits;

- Providing assurance for operational stability and effectiveness through the Project delivery cycle.

Each member of the Board will provide and commit to the SRO for some or all of the following as appropriate for the area they represent:

- Understanding and managing the impact of change;
- Benefits estimates and achievement;
- Owning the resolution of risks and issues that the Project faces;
- Resolving dependencies with other pieces of work, whether change or business operations;
- Representing local strategy as expressed in, for example, medium-term plans and operational blueprints;
- Supporting the application of and compliance with operating standards.
- Making resource available for planning and delivery purposes

The current NDCP Group will be enhanced to provide procurement and implementation oversight in order to deliver Project success. Members (*however subject to change*) include:

- Senior Responsible Owner (SRO)
- National Pathology Programme – DCP Clinical Lead
- National Pathology Portfolio Programme Lead
- Programme Manager
- Senior Project Manager
- Senior Project Support Officer
- Pathologists (one representative for each Health Board)
- Laboratory Managers (one representative for each Health Board)
- IT (one representative for each Health Board)
- DHCW/LIMS Representative
- DHCW Cyber Security Representative
- DHCW Information Governance Representative
- NWSSP Specialist Diagnostic and Therapies Equipment Representative
- NWSSP Procurement Project Manager/Category Manager

Other members will be co-opted as appropriate.

## Timescales

The high-level timeline for NDCP Project is set out in the table below.

Table 29 Timescales

Tranche 1	Tranche 2	Tranche 3
Pre-procurement	Procurement	Implementation
Apr 24 – Mar 25	Apr 25 – Mar 26	Apr 26 – Mar 27

Standardisation approach	Tender process	Digital hub/storage implementation
Development of the Business Justification Case	Supplier engagement	Implementation in Health Boards (phased approach)
Health Board Executive approval of the BJC (x 6)	Finalise service specification	Training
Update service specification	Contract Award	
	Implementation Preparation	
	Digital hub/storage preparation	
	Recruit HB staff	

### Assurance

The NDCP Project has a Quality and Assurance Strategy developed in accordance with MSP to ensure that all management aspects of the Project are working appropriately and that the Project stays on target to achieve its objectives. Project reviews to be undertaken at the end of each tranche.

### Change Management Arrangements

The NDCP Project is a transformational change Project underpinning the development of modern, safe, sustainable pathology services and the use of innovative systems resulting in sustainable futureproofed services. The Project is aligned to the principles of the Pathology Statement of Intent 2019 and ensures continued alignment through a robust governance structure and reporting mechanism into the National Pathology Programme. Transformational service change forms the basis of the NDCP Project which seeks to deliver the change in a way that is welcomed, supported and embraced by the Pathology service and the wider NHS. The NDCP Project will deliver this through leadership, vision, stakeholder engagement, strong governance, excellent communications and robust plans.

Building on lessons learned from Phases 1 and 2, Phase 3 will:

- Request an executive level SRO
- Reinforce clinical leadership arrangements, for instance The National Pathology Programme now has a National Clinical Lead and a Clinical Lead for Digital Cellular Pathology
- Strengthen the existing Group ensuring IT representation from each organisation
- Formalise DHCW membership and responsibilities
- Continuing to update the National Diagnostics Strategic & Operational Group at regularly intervals, obtaining document sign off when required
- Continuing to work with the cellular pathology Standardisation Group to drive the Project forward and ensure SME

This approach will ensure that a robust governance structure is put in place ensuring high-quality delivery at pace.

### **Transformational Leadership**

The NDCP Project is providing transformational leadership enabling the pathology service to create its own vision and own the Project at every stage of the process.

### **Health Board and Trust Leadership**

Health Boards and Trusts are expected to provide the leadership necessary for the successful implementation of the new national digital cellular pathology service by supporting the following:

- Approval of the BJC
- The level of business change required to support the standardisation of services as far as possible to deliver a modern, high quality, safe and sustainable pathology service;
- Establish a local deployment project team to oversee the implementation and deployment of the new digital enablement and ensure the pathology service has the support and resources it requires to contribute to the Project;
- Include the NDCP Project in their integrated medium-term plans (IMTPs);
- Enable their Pathology services to contribute to the development, testing and validation of the new service whilst maintaining any ongoing services;
- Release their staff for training for the new service.

### **Management of Requests for Change**

Requests for change can take several forms and will be managed accordingly. Throughout the life of the Project until the new digital service is fully deployed, all requests for change will be recorded in a dedicated Project change log and managed by the Project Team. The Project Team will decide the appropriate route for the change to be dealt with. A decision is needed regarding ongoing arrangements following handover of services to operations, and the ongoing management of change requests.

### **Benefits Realisation**

The Benefits Management Strategy developed in Phases 1 and 2 will continue to be developed and refined to model benefits in more detail, determine methods for measuring them and ensure there is a process for tracking their realisation following implementation of the agreed service model. Work has been undertaken to identify key benefits of investing in this Project.

A Benefits Management Framework has been developed to ensure the Project benefits are realised from the initial investment. It helps the Project focus on achieving its strategic objectives and getting best values from its investment.

The approach being adopted is based on the Public Sector Programme Management approach with the 'Managing Successful Programmes' (MSP®) and APM's 'Managing Benefits' publications the main source of guidance on the benefit realisation management process. Benefit Realisation Management is a core element of Programme/change management. It provides a systematic approach to identifying, defining, tracking, realising, optimising, reviewing and communicating benefits during and beyond a Programme/Project lifecycle.

The reason for having processes in place to manage and realise benefits include:

- Ensuring benefits are identified and clearly defined clearly
- Ensuring benefits are aligned to the vision, objectives and to the strategic direction of the organisation.
- Ensuring service areas take ownership of the benefits and are committed to their realisation.
- Ensuring that the Project outputs support the benefits and business changes that will be needed;
- Ensuring benefits are tracked and recorded and that achievements are properly recognised.
- Ensuring key benefit measures are mainstreamed into the performance framework.

The NDCP Project will manage, track, and control the realisation of benefits through the Benefits Realisation Plan. The Benefits Realisation Plan is to be maintained by the Project Team, in detail by a designated Benefits Lead working in conjunction with the benefits group.

The plan will contain and provide information on:

- A schedule that details when each benefit or groups of benefits (including any dis-benefits) will be realised
- Milestones for undertaking Benefits Review(s), to determine progress and inform questions about the likelihood of ongoing success in the future
- Dates when specific outcomes (i.e. business transition(s)) that will bring about benefits, are planned to be achieved
- Details of the handover and embedding activities necessary to realise any benefits after the Project has closed.

The key objectives of benefit realisation are to understand how the new system has made a difference to the service, to patients and patient care both in terms of outcomes and experience of services.

Work is ongoing with Health Technology Wales to fully evaluate the wider benefits of IBEX AI application.

### **Risk Management Arrangements**

The Risk Management Strategy developed in Phases 1 and 2 will continue to be developed and will outline how risks and issues will be identified and managed during Phase 3. The Programme Manager will work with key leads to detail potential risks and issues in the Project Plan.

The management of risk is to be embedded into the project management process as follows:

- The requirements of Corporate Governance will be adopted, including more focused and open ways of managing risk;
- The SRO will be the 'risk owner' at senior level – supporting, owning and leading on risk management;
- All members of the Project Team will own risk in commensurate quantum to their role;

- The Project reporting structure will encourage reporting and upward referral of significant issues. Risks will be actively monitored and regularly reviewed at each Project Team meeting;
- The risk management framework for the consistent treatment of risk will be established at an early stage and will be shared at all levels of the organisation and also with partners, particularly in the context of the complex types of risk arising from partnerships etc;
- The Project risk will be managed in the wider context of the whole business.

The Project Team is accountable for managing risk with regard the delivery of their respective workstreams. The Programme Manager is responsible for ensuring that all workstream leads have effective risk management strategies in place.

- Manage risks effectively each lead is required to:
- Understand at any point in time their major risks to delivery and ensure that they are taken into account within their workstream delivery plans;
- Ensure that those risks are allocated to a Risk Owner, who is actively managing a plan to mitigate the risks. The Risk Owner will be held accountable for action to mitigate the risks;
- Share and review risks at NDCP Project Team meetings and NDCP Project Board meetings to ensure that the Risk Register is fully representative of all risks, that these are up to date and being actively monitored;
- Where necessary escalate and bring to the attention of the Programme Manager and/or other key stakeholders, key risks they should be aware of.
- Be supported in this by the Project Manager whose role is to actively manage risk activities, ensuring that the risk register is compiled, maintained, regularly reviewed and refreshed to ensure that they represent the most up to date information and status;

A detailed Risk Register has been developed by the Project Team to assist with risk management throughout the development process. Risks will be assessed and values attributed to each area. The latest Risk Register can be found at Appendix M2.

The RAG Rating key for risks is as illustrated below:

Table 30 Risk Rating Matrix

			IMPACT				
			Very Low	Low	Medium	High	Very High
			1	2	3	4	5
PROBABILITY	Very Low	1	1	2	3	4	5
	Low	2	2	4	6	8	10
	Medium	3	3	6	9	12	15
	High	4	4	8	12	16	20
	Very High	5	5	10	15	20	25

### Contract Management Arrangements

The contract will be managed by maintaining relationships with the successful supplier(s) throughout the duration of the Project, including engaging through supplier performance management (SPM).

Regular contract review meetings will be held by NWSSP Procurement Services with input from the working group, using the SPM standardised agenda:

- Supplier preparedness/resilience
- Price management/invoice discrepancies
- Product/service quality
- Delivery
- SMTL product defects
- Accreditation
- Benchmarking
- Information governance
- Innovation
- Regulatory changes
- Sustainability
- Supplier issues/concerns/update
- Supplier performance rating

### Post Evaluation Arrangements

The Project has a Quality and Assurance Strategy developed in accordance with MSP to ensure that all management aspects of the Project are working appropriately and that the Project stays on target to achieve its objectives.

To complement the Quality and Assurance Strategy, gateway reviews will be planned at the end of Tranches 2 and 3, to assure the readiness for service prior to go live and once the Project has finished and the new digital service is fully deployed to assess operations and review benefits realisation.

### Contingency Plan

There is a contingency built in should there be any delays in the implementation Phase of the Project. In the event that the Project fails, the aim will be to ensure business continuity by:

- Exploring the opportunities to contract with another supplier within the procurement, should the supplier fail to deliver;
- Undertaking a re-procurement.
- Ensuring traditional reporting via glass slides and microscope as contingency

## 8 Document Control

### Document Information

Document ID:	
Document Name:	Business Justification Case for National Digital Cellular Pathology Project – Phase 3 National Scale Up
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Document Authors:	National Pathology Programme, NHS Wales Executive
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## Document History

Amended by	Version	Status	Date	Purpose of Change
Archus	1.0	Draft	08/07/21	First draft for initial review and address gaps
CT	1.1	Draft	09/07/21	Second edition of the draft report in response to queries
Archus	1.2	Draft	14/07/21	Updated based on further information received from the Collaborative
Archus	1.3	Draft	16/07/21	Further revisions
CT	1.4	Draft	21/07/21	Further responses
Archus	1.5	Draft	27/07/21	Further revisions
Archus	1.6	Draft	05/08/21	Economic and Financial Cases
Archus	1.7	Draft	09/08/21	Finalise Benefits and Risks, revise Do Minimum
CT	1.8	Draft	02/09/21	Included comments from DCP Board
Archus	1.9	Draft	09/09/21	Included comments from DCP Board
CT	1.10	Draft	29/09/21	Updated formatting & Tranche timeline
MB	1.11	Draft	05/10/21	Further revisions
Archus	2.0	Draft	08/10/21	Updated costs
Archus	3.0	Draft	08/11/21	Minor corrections
Archus	4.0	Draft	31/01/22	Further work to Benefits & Costs
CT	5.0	Draft	01/02/22	Updated timeline
CT	5.1	Draft	01/02/22	Minor corrections
Archus	5.2	Draft	03/02/22	Minor corrections
CT	5.3	Draft	09/02/22	Updated following DCP PB
CT	5.4	Draft	15/02/22	Minor corrections
Archus	6.0	Draft	15/02/22	Updated following comments
CT	7.0	FINAL	16/02/22	Minor corrections
CT	7.1	Draft	07/09/22	Updates following comments
CT	7.1	Draft	07/09/22	Updates following comments
CT	9.2	Draft	30/11/22	Updates
Archus	10.0	FINAL	05/12/22	Final amendments
Archus	11.0	FINAL	09/01/23	Further updates
Archus	12.0	FINAL	13/02/23	Amend to capital funded business case and address comments from HBs and reviewers
CT	12.1	Draft	14/02/23	
Archus	13.0	Draft	28/04/23	Updates – Digital Strategy Wales 2021
Archus	14.0	Draft	26/04/23	Updates to commercial case following comments from Procurement
Archus	15.0	Draft	31/05/23	Updated Economic and Financial Cases and benefits analysis

Archus	16.0	Draft	02/06/23	Final review and strengthen VFM and affordability conclusions
CT	17.0	Draft	07/06/23	Final amendments
CT	17.1	Draft	01/12/23	Update following comments and refreshed costings
CT	17.2	Draft	19/12/23	Minor amendments
CT	17.3	Draft	19/12/23	Minor amendments
CT	17.4	Draft	04/04/24	Revision of costings and updated content following feedback
CT	18.0	FINAL	02/05/24	

## **9 The Appendices**

### ***Appendix 1: Glossary of Terms***

Acronym	Full Title
ABUHB	Aneurin Bevan University Health Board
AI	Artificial Intelligence
APM	Association of Project Management
ARCH	A Regional Collaboration for Health
BCUHB	Betsi Cadwaladr University Health Board
BJC	Business Justification Case
CCS	Crown Commercial Services
CSF	Critical Success Factor
CTMUHB	Cwm Taf Morgannwg University Health Board
CVUHB	Cardiff & Vale University Health Board
DHCW	Digital Health and Care Wales
H&E	Haematoxylin and Eosin
HDUHB	Hywel Dda University Health Board
IMTP	Integrated Medium Term Plan
IPR	Intellectual Property Rights
KPI	Key Performance Indicator
LIMS	Laboratory Information Management Service
MDT	Multi-Disciplinary Team
MSP	Managing Successful Programmes <sup>TM</sup>
NDCP	National Digital Cellular Pathology
NPP	National Pathology Programme
NWSSP	NHS Wales Shared Services Partnership
PHW	Public Health Wales
RCPATH	Royal College of Pathologists
SBUHB	Swansea Bay University Health Board
SRO	Senior Responsible Owner
SWOT	Strengths, Weaknesses, Opportunities, Threats
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 1981
VFM	Value For Money



<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	26 March 2025
<b>CYFARFOD O: MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	<b>Strategic Equality Plan 2024 - 2028</b>
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sarah Simmonds, Executive Director Workforce and Organisational Development
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Jo Gubbings, Assistant Director of Workforce and OD

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

## **ADRODDIAD SCAA SBAR REPORT**

### Sefyllfa / Situation

The purpose of this paper is to provide an update against the year 1 priorities of the Strategic Equality Plan (SEP) and Equality Objectives for 2024 – 2028.

The current Strategic Equality Plan 2024 – 2028 was developed through consultation and approved by Board in March 2024.

March 2025 marks the end of the first year of our current Strategic Equality Plan and in accordance with the Public Sector Equality Duty 2011 we are required to publish an update of our performance against the year one priorities, **Appendix 1**.

The Board is asked to note and approve the attached public document and the update against the delivery of the SEP for publication by the deadline of 31 March 2025.

### Cefndir / Background

The Health Board's current Strategic Equality Plan 2024 – 2028 was agreed at Board in March 2024, building on our existing plan and through engagement and consultation refreshed and new objectives were set.

Within the plan there are 59 Equality Objectives which were developed in collaboration with the Staff Diversity Networks, Trade Unions, Llais and Stakeholders. The consultation also included a number of patient representatives

and wider partners. In addition, the objectives were aligned to the key priorities outlined in "Is Wales Fairer?" Report 2023, the Making Gwent Fairer Report and key strategic drivers including; our People Plan, Anti-Racist Wales Action Plan, LGBTQ+ Action Plan, Accessible Information Action Plan and Disability Action Plan.

## **Asesiad / Assessment**

The SEP builds on our work in this area over the past 5 years and is underpinned by our People Plan objectives, our values and behaviours, and Annual Plan. It provides a blueprint for creating an inclusive environment for all our staff and forms part of a framework to ensure that we deliver an appropriate and inclusive service to patients.

Within the SEP the priorities are split into our agreed areas of focus: **Our Patients, Our People, Our Population (the 3Ps of Inclusion)**. The priorities have also been broken down into the year they are due to commence and span over. Of the 59 priorities, 42 were due to commence in year 1 (2024/25) with delivery of these priorities spanning over the three years of the plan. All of the year 1 priorities have commenced and are in varying stages of progress. There has also been progress made with several priorities that are outlined in the plan to commence in year 2 onwards.

An overview of progress against all year 1 and onward priorities is outlined below in subject matter themes. A progress rating against individual actions is attached in **Appendix 2**.

## **LGBTQ+**

In year 1, we said we would:

- Focus on promoting awareness and inclusion of LGBTQ+ communities within our services.
- Align our priorities in the All Wales LGBTQ+ Action Plan to our programme of work.
- Engage with staff, patients and the public around their experience of working and accessing services within the Health Board.

In the summer of 2024, members of the Health Board along with the Co-Chairs of the Pride Network attended each Pride event in Gwent. During these events, we engaged with members of the community and asked for their feedback via surveys. We collated feedback from 131 participants, and within the feedback, the participants shared with us their gender registered at birth, if the gender they identify with is the same as registered at birth, how they think of themselves, their sexuality and in their own words what is important to them to feel healthy.

From the participants, 79 were registered female at birth, 47 were registered male at birth and 5 preferred not to answer. Within the participants, 111 identify with the gender they were registered with at birth, 16 do not and 4 preferred not to answer.

The answers to the question "What is important for you to feel healthy?" were free text, and have been themed into the following:

- Physical and Mental Health
- Healthcare Access and Services
- Social Connection and Support
- Equality, Diversity and Inclusion
- Work Life Balance and Daily Life
- Healthy Living and Environment

The information collated will now form part of our programme of work to create an Aneurin Bevan LGBTQ+ Action Plan.

In February 2025, we held the first in a series of arranged workshops to commence our collaborative work to create the Aneurin Bevan LGBTQ+ Action Plan, aligned to the All-Wales Action Plan. The workshops will involve staff from the LGBTQ+ community as well as staff working in specific services outlined in the All-Wales Action Plan, as well as key leaders. Following the three arranged internal workshops, sessions will be held to engage with members of the public, patients and service users for a full co-production approach. The aim is to produce a Health Board action plan by September 2025.

### **Accessible Information**

In year 1, we said we would:

- Drive forward engagement strategies to continue to improve our accessible information for all our staff and the public.
- Embed the priorities of the All-Wales Accessibility Action Plan.
- Engage with staff, patients and the public with accessibility needs around their experience of working and accessing services within the Health Board.

The team is supporting several service areas across the Health Board to increase and improve their accessible information for patients and service users specifically for those with accessibility needs. Examples of this work include:

**Eye Clinic – Royal Gwent Hospital (RGH)** - We are currently supporting the Eye Clinic with an action plan to improve the overall patient experience within the service. The action plan has been developed in partnership with the clinical leads following an audit. The action plan includes:

- The service has committed to become the Health Board's first Visually Better Spaces which is awarded by the Royal National Institute of Blind People (RNIB).
- Works and Estates are carrying out improvements on colour contrast.
- In conjunction with the RNIB, our Equality, Diversity and Inclusion Disability Lead delivered Visual Awareness Training to all staff (60 in total) on 11 February 2025. This training is CPD recognised with the RNIB.
- The Eye Clinic has committed to the purchasing of Room Mate, which is an electronic wall mounted device, which offers blind and visually impaired

individuals bespoke audio descriptions in an accessible toilet. Work is currently underway to ensure Room Mate is bilingual and provided in Welsh.

- Following completion of the action plan at the RGH, the work will be replicated at Nevill Hall Hospital and Ysbyty Ystrad Fawr (YYF).

**Audiology** - A project has commenced and is in the early stages of planning with Audiology to improve the service for our deaf patients and those with hearing loss, which will include:

- Introducing the ability for patients to contact the service with the use of sign language.
- To work more in partnership with the Wales Council for the Deaf.
- To set up a hard of hearing participation group which will share feedback and allow for collaborative working across the sectors, with a focus on patient involvement.

As part of the initial planning, timeframes and objectives for outcome learning are being agreed. Progress on this will be reported through Trade Union Partnership Forum and the People and Culture Committee.

**GUH Emergency Department (ED)** - Following a number of concerns raised by the British Deaf Association on behalf of patients who have visited our ED department at the Grange, the team is working with the clinical leads to improve the experience for individuals with accessibility needs.

Currently there are iPads available via switchboard with Signlive available on them, which is a programme which provides communication support for Deaf patients, their families and those that use British Sign Language. These are available and booked out for use in ED and all interpreters are booked via switchboard.

We know from our demographic data for the Gwent region the number of individuals with sensory loss who may come into contact with our services. Across Gwent we have people with varying degrees of sight loss, but approximately 20,000 individuals have total sight loss in Gwent, and it is projected that sight loss across Wales will increase by 19% by 2032.

**Health Board Wide Visual Awareness Training** - These sessions continue to run on a monthly basis and to date 9 sessions have been delivered and 67 members of staff trained. The Training has received overwhelmingly positive feedback from participants, who praised its informative content, engaging delivery, and practical exercises. Feedback has evidenced that the training has significantly increased participants' confidence in supporting visually impaired colleagues, with many feeling "very confident" or "confident" afterward.

Key benefits included hands-on activities like guiding a blindfolded person, which provided valuable insights into the challenges faced by visually impaired individuals. The training is highly effective in raising awareness, increasing confidence, and equipping participants with practical skills to support visually impaired individuals, with many recommending it be made mandatory for all staff.

Several service areas have requested dedicated training sessions for their teams, which include antenatal at YYF, Endoscopy at RGH and D3 West, a all of which are in the process of being arranged.

Gwent Police have recently expressed an interest in the training, and 3 colleagues from Gwent Police are attending the training session in March 2025 with a view to our developing a bespoke package for them.

### **Disability Action Plan**

In year 1, we said we would:

- Make progress towards ensuring disability considerations are embedded in planning and decision making.
- Work towards improving access and experience for all staff and the public who have a disability.
- Engage with staff, patients and the public with disabilities around their experience of working and accessing services within the Health Board.

**Health and Well-Being Passport for Staff** - A new Health and Well-Being Passport has been developed in collaboration between Equality, Diversity and Inclusion, Occupational Health and Trade Unions representatives, and is currently being piloted.

The purpose of the passport is to help and support individuals working in the Health Board who have concerns about managing their health and wellbeing or carer responsibilities whilst in the workplace. The passport offers a structured framework for employees and managers to hold positive conversations around the reasonable support that can be put into place.

A feedback form is being developed for employees and managers to complete to support the further roll out of the passport.

Health Education and Improvement Wales have also expressed an interest in the project with a view to adopting the concept.

**Certifications** - We currently hold Level 2 Disability Confident Scheme, and we are in the process of completing our application for Level 3, by Q2 of 2025/26. Achieving Disability Confident Leader (Level 3) status enhances our reputation as an inclusive employer, attracting and retaining diverse talent while demonstrating compliance with the Equality Act 2010. It strengthens our employer brand, improves employee engagement, and fosters a more productive workplace. Additionally, it supports our corporate social responsibility commitments, enhances service accessibility for disabled customers, and provides networking opportunities to share best practice. This recognition positions us as a leader in diversity practice, helping to drive innovation and strengthen stakeholder confidence.

We are also in the process of undertaking our application to the Royal National Institute for the Blind to become a Visibly Better Employer. Achieving Visibly Better Employer status demonstrates our commitment to inclusivity by ensuring our workplace is accessible and supportive for blind and partially sighted employees. This recognition enhances our employer brand, improves compliance with the

Equality Act 2010, and strengthens corporate social responsibility. It will also support talent attraction, boost employee engagement, and provide access to expert guidance from the RNIB to drive continuous improvement in workplace accessibility.

### **Wales Race Equality Standards (WRES)**

In year 1, we said we would:

- Strengthen our demographic data.
- Use data insights to address disparities in patient and staff experiences.
- Align the WRES priorities outlined in the All-Wales Race Equality Action Plan to our programme of work.
- Engage with staff, patients and the public around their experience of working and accessing services within the Health Board.

**WRES Report** - In June 2024, the Health Board received its Wales Race Equality Standards (WRES) Report. The report detailed the Health Board's workforce race equality data, focusing on representation, development, disciplinary equality and institutional culture. The report outlined both its key both positive findings and areas for further improvement across the organisation.

The key findings within the WRES report have been worked into the overarching Strategic Equality Plan. The summary areas of findings are:

Positive Findings:

1. Equal Access to Non-Mandatory Training and Continuing Professional Development
2. Parity in Shortlisting to Interview Process
3. Structured Support for Reapplication
4. Inclusive Training Programs
5. Commitment to Long-Term Improvement

Areas for Improvement:

1. Absence of Ethnic Minority Board Membership
2. Progression to Senior Grades
3. Ethnicity Declaration Rates
4. Likelihood of Appointment and Capability Processes
5. Experience of Discrimination and Harassment

Following the receipt of the Health Board's WRES report and further discussion at our internal Race Advisory Group meeting in September 2024, a deeper analysis was carried out on our workforce demographic data.

The analysis, table 1 overleaf, looked at the demographic population basis for ethnicity and religion for England and Wales, Wales, Gwent and the Health Board's workforce. The idea of the analysis was to consider whether or not our workforce

population is representative of our local, regional and national population, and then to consider further actions for improvement.

<b>Population</b>	<b>White</b>	<b>Black, Asian and Minority Ethnic</b>
England & Wales	81.7%	18.3%
Wales	93.8%	6.3%
Gwent	94.2%	5.9%
Aneurin Bevan University Health Board*	76.4%	10.4%

\*13.2% not disclosed in the Health Board

The data was analysed further by staff group:

### **1. Administrative and Clerical:**

- 86% white workforce population
- 4.5% Black, Asian and Minority Ethnic
- 8.9% not stated
- 80% of the Black, Asian and Minority Ethnic group are in A4C bands 2 - 6
- 80% of the white group are in bands 2- 6
- 87% of the population in bands 7 - 9 are white

### **2. Additional Clerical Services (Health Care Support Workers):**

- 80% white population
- 7.5% Black, Asian and Minority Ethnic
- 12.4% not stated

### **3. Nursing and Midwifery**

- 72% white population
- 13.5% Black, Asian and Minority Ethnic
- 14.5% not stated
- 91% of the Black, Asian and Minority Ethnic group in bands 5 and 6
- 72.8% of the white group in bands 5 and 6
- 86% of the population in bands 7 -9 are white

The outcome actions from considering this analysis will focus on:

- Continuing to drive a culture where staff feel safe disclosing their ethnicity data.
- Considering dedicated talent and succession planning pathways for minority groups, i.e., Access to Nursing, Management pathways. This will mirror the Health Board's ethnic minority % demographic and the local population i.e., 6% of Gwent Population and min 10% of the Health Board's population are not within the white demographic category.
- Considering unconscious bias training.

These actions will be undertaken in addition to the recommendation of the WRES report which included:

- Engaging our networks to increase staff survey uptake, which was undertaken with the Staff Network Leads, releasing video messages and intranet messages of the importance of completing the Staff Survey
- A review of our capability data and processes to assess if ethnic minority individuals are more likely to be taken through a process in comparison to their white counterparts. This work is on-going internally and linked to the work Dr Jaideep Kitson is leading on with HEIW and the BMA.

**Anti-Racism E-Learning** - The new All Wales mandatory e-learning Anti-Racism module was released in December 2024 and all staff within the Health Board have been assigned this e-learning for completion. There is a deadline of December 2025 for 100% compliance. News circulars have gone out to all staff around this requirement and there is an action plan in place to continue to promote and support completion of the training.

**International Medical Graduates (IMG) Induction** - We continue to celebrate our internationally educated colleagues, with the roll out of the IMG Induction Day for medical staff which is running twice yearly with a view to increasing to three per year in collaboration between the Health Board and the General Medical Council (GMC).

The aim of the programme is to welcome and support all internationally educated colleagues, and focusses on supporting individuals on how to integrate, the cultural change, where to get help and to empower them. To date thirty-eight individuals, have undergone the IMG induction day, with a further twenty booked onto the next induction. The feedback on the induction has been incredibly positive with attendees reporting that they feel well prepared to undertake their role following the session.

**Medic Mentor** - Clinical colleagues have developed our Medic Mentor Scheme which aims to provide essential support for our internationally trained doctors. The Medic Mentor Buddy Scheme will enhance the support routes available through their allocated Clinical Supervisors, Educational Supervisors, and other senior colleagues. The scheme will provide a point of contact for informal support and to guide and mentor colleagues in the initial days, weeks and months of starting work, especially when faced with the additional challenges at work and life challenges when settling in. We have 10 mentors ready to start the scheme following the next IMG induction on 17 March 2025.

**Reverse Mentorship** - Our Reverse Mentorship pilot commenced in July 2024 and is aimed at connecting Black, Asian and Ethnic Minority staff with Executive or Board Members. Ongoing feedback is positive. The pilot phase will continue until July 2025 to allow for a full 12 months of data to carry out a full evaluation. We currently have six participants, (three partnerships) which include two members of the Executive Team and one member of the Board, engaged in the Reverse Mentorship pilot.

**Improving Employee Processes** - As part of the 'Improving Employee Processes' work in NHS Wales, the Health Board's Employee Experience function, with support from the Equality, Diversity and Inclusion function, developed a blog featuring Dr Jaideep Kitson, Assistant Medical Director, for HEIW's Gwella platform, to consider

the impact of Employee Investigations on professionals from minority ethnic background. This piece of work supports the recommendations of our WRES report to review whether those who are from ethnic minority backgrounds are more likely to be taken through any type of capability process.

**Diverse Cymru's Cultural Competence Certificate Scheme** - In October 2024, our Patient Experience and Involvement Team were nominated for an award and awarded a Silver Award Distinction, for their work towards evidencing cultural competence within their team, after submitting their Culturally Competent Certification Scheme Workbook.

The scheme is an award-winning workplace development tool to help organisations implement good workplace practice, ensuring services are fair and equitable for Black, Asian and Minority Ethnic People in Wales. Following self-assessment and verification by Diverse Cymru, the team were awarded the Silver Award Distinction. Work is now on-going to share the learning from Patient Experience and Involvement Team, to encourage other teams across the Health Board to achieve their Culturally Competent Certification.

**Aspiring Board Members** - In 2024, the Health Board launched an Aspiring Board Member development programme which includes individuals within the Health Board with protected characteristics. The scheme is an opportunity for aspirant individuals to develop the skills and experience necessary to become an Independent Board Member within a large and complex organisation.

The scheme commenced in September 2024 for six months. A national scheme is being developed to consider this programme at a national level. This supports the work the Health Board is committed to as part of the WRES, and wider Equality Action Plans to increase our talent pipelines for individuals from under-represented groups.

### **Staff Networks / Advisory Groups**

We continue to develop our Staff Networks and Advisory Groups and in September 2024, we introduced a Staff Networks Strategic Communication structure which provides the overarching governance structure to ensure the most effective use of the networks in the delivery of all strategic drivers and plans, as well as ensuring feedback is used in the shaping of all agendas.

**Advisory Groups** - A new Accessible Information Advisory Group has now been set up and the first meeting was held in December 2024. This will oversee the priorities outlined in the All-Wales Accessible Information Action Plan. As part of this work, consideration is being given to the development of a Gwent wide stakeholder group to work in partnership to deliver against the All-Wales plan.

A new Disability Advisory Group is currently in the process of being set up with the Terms of Reference currently being agreed. This group will oversee the priorities outlined in the upcoming renewed All-Wales Disability Action Plan.

Our Race Advisory board continues to meet every six months, and our LGBTQ+ Advisory Board is being re-established as part of the ongoing programme work around the Health Board LGBTQ+ Action Plan.

**Staff Networks** - We currently have 7 staff networks set up in the Health Board:

- Carers Network
- Enable Network
- Menopause Network
- Neurodiversity Network
- Pride Network
- Women’s Network
- Voices Network

All networks have a Chair in place and an Executive Sponsor and meet regularly. We are currently reviewing the Terms of Reference via the new Network Chair meeting structure.

**Armed Forces Covenant**

Armed Forces is not expressly stated within the priorities within the SEP, however within the priorities, we stated we would engage with all groups whose voices and experiences we don’t often hear from, and who may have had traumatic experiences which includes our Armed Forces Veterans.

The new Armed Forces Covenant Lead commenced in post at the end of November 2024 on a fixed term contract for 12 months. The priorities for the 12-month period include:

Review and enhance the Health Board’s programme of work against the Armed Forces Covenant and The Defence Employer Recognition Scheme Gold Award.	<b>Commenced</b>
To revitalise the Armed Forces Staff Network	<b>Commenced</b>
Develop a Gwent partnership group to support Armed Forces personnel and Veterans in Gwent	<b>Commenced</b>
Meet with regional armed forces units and dedicated charities to work more collaboratively	<b>Commenced</b>
Review and improve the data quality for Armed Forces / Veterans in the Health Board	<b>Commenced</b>
To further support Reservists who are employed by the Health Board to progress and gain further experience from their Armed Forces commitment	<b>Commenced</b>
Carry out a training needs analysis for the Health Board and develop appropriate training resources	<b>Pending start</b>
To develop an Armed Forces / Veterans clinical pathway	<b>Pending start</b>
Enhance our recruitment offer to individuals leaving military service via “Steph Into Health”	<b>Pending start</b>
Consider the role of Champions across the Health Board	<b>Pending start</b>

In addition to the above, the Health Board is also working collaboratively with Cardiff and Vale University Health Board, whose Armed Forces Lead post will work with us to lead on regional strategic priorities to further enhance the programme of work.

### **Patient / Public Engagement and Feedback**

In year 1, we said we would:

- ensure structured engagement plans are in place with all stakeholders and partners to improve inclusivity, representation and patient experience.

**Patient / Public Engagement** - Through the Health Board's Long Term Strategy engagement, we have developed a model for engaging with the public through community events and the integrated Wellbeing Networks. We are doing this through our work programme such as Dementia Friendly Communities, bereavement, end of life care and volunteering.

The Health Board also works with a number of partners including colleges (volunteering and work experience), equality leads, Diverse Cymru, LA's, GAVO, TVA, Charities, WCDP, WCVA, Platform, ACT, Stroke Association, Coleg Gwent, Cardiff School of Pharmacy and Pharmaceutical Sciences, ESOL Groups, Helpforce, North Gwent Cardiac Rehabilitation, Wales Council for Voluntary Action. This approach allows us to engage holistically with our population in Gwent to drive further improvement across our services.

**Demographic data** - Within the Health Board we continue to improve our demographic data capture through our e-system CIVICA which is currently in 860 service areas, and we collect anonymous feedback from patients via the person-centred survey and review data to look at trends for survey returns. We are currently in the process of rolling out SMS messages to patients to complete the survey, supported by the Equality Diversity Inclusion Disability Lead for patients with visual impairments.

### **Widening Participation**

Within the outlined year 1 priorities, we said we would strengthen partnerships with schools to promote healthcare careers among underrepresented groups and develop outreach programs to inspire young people from diverse backgrounds to consider NHS careers

The Equality, Diversity and Inclusion and the Learning and Development functions have worked collaboratively to ensure that our Work Experience offer attracts a talent pool of candidates who may be under-represented in our current workforce, with the aim of raising the profile of the Health Board as an Employer of Choice.

There has been an increased focus on creating internal activities, such as engagement with Learning at Work Week held in May 2024 and creating resources and content which spotlight work experience and highlight success stories.

A 'Hosting Inclusive Work Experience Placements for All' Toolkit has been co-produced and can be downloaded to support workplaces in hosting inclusive work experience candidates for all.

In addition, the Equality, Diversity and Inclusion and Welsh Language functions were awarded a Widening Participation Grant from Health Education in Wales to develop and deliver a project that aims to introduce year 6 pupils to the world of medicine and healthcare called Skills Surgery. Local primary schools were invited to participate if their school aligns with the Health Board's Widening Participation objectives.

The team worked with Pill Primary School in Newport in the summer of 2024 and five classes undertook the Skills Surgery workshops. The sessions included animations and learning activities aimed at showing the students that there is a place for everyone within the Aneurin Bevan Family. The animations created deliberately show the diversity within our workforce and local voices are used to ensure the students can see themselves in potential future employment.

Within the delivery in Pill Primary School, the team delivered a simplified version of a career's carousel. This involved different facilitators from different departments throughout the Health Board delivering practical activities to both educate and inspire the children. The response from the schools delivered too so far has been universally positive. In this new academic year, we are looking to deliver to new cohorts as well as putting the resources into a teacher pack for schools to be able to deliver independently to their students.

### **Equality Impact Assessments (EQIAs)**

Within the outlined priorities, we said we would continue to review our EQIA process and ensure EQIAs are part of the decision-making processes to assess the impact on vulnerable groups.

We continue to roll out of EQIA training across the Health Board. EQIA panels take place monthly for new and updated EQIAs and we are in the process of developing a simplified helpful guide for managers on when to undertake an EQIA to increase the timely undertaking of EQIAs across the Health Board. EQIA prompts and outcomes are included within all Health Board committee and Board papers. Work is on-going to ensure compliance across the Health Board on the requirement to undertake EQIAs where necessary.

The effective implementation of the revised SEP will serve to transform the outcomes and experiences for staff who are currently under-represented in the organisation. Staff in the 'majority' groups will have a greater understanding of inclusion which will benefit everyone. The Head of Equality, Diversity and Inclusion attends the Trade Union Partnership Forum (TUPF) and TUPF members will continue to contribute to discussions on the implementation of the SEP.

Effective implementation will also help to reduce inequalities to make sure everyone has good quality care, equal access, experience and outcomes from our services, as well as improving on how we gather and act on the experiences of people most likely to have a poorer experience of care and those least likely to be able to access the care they need.

The main risks to highlight in this paper concern:

- Legislative and governance risks linked to enacting responsibilities from the PSED.
- Risk of non-compliance in relation to EQIA.

Our Equality Advisory Groups will provide support in setting the strategic direction of the workstream and we will continue to report progress against the objectives of the SEP to the People and Culture Committee, TUPF, and the Patient Quality and Safety Committee. Progress will be published annually in the Health Board's annual SEP update report.

In summary, significant progress has been made in key areas, with a continued focus on embedding EDI principles into operational and strategic decision-making. Further work is required to improve our equality data, which continues to remain static, enhance data-driven insights, continue to improve accessibility, and to further ensure meaningful engagement with diverse communities. The Board is invited to note progress and support ongoing efforts to advance equality and inclusion across the organisation.

### **Argymhelliad / Recommendation**

The Board is asked to NOTE and APPROVE the attached public document and the update against the delivery of the SEP for publication by the deadline of 31 March 2025.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 4. Dignified Care 6.1 Planning Care to Promote Independence 6.2 Peoples Rights
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	All of the above
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Partnership First
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	All of the above

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	<a href="#">Anti-Racist Wales Action Plan</a> <a href="#">Equality and Human Rights Monitor 2023: Is Wales Fairer?</a> <a href="#">LGBTQ+ Action Plan for Wales</a> <a href="#">Socio-Economic Duty</a> <a href="#">Wellbeing of Future Generations Act</a>
Rhestr Termau: Glossary of Terms:	EDI – Equality, Diversity and Inclusion EQIA – Equality Impact Assessment ESR – Electronic Staff Record CPD – Continuing Professional Development LGBTQ+ - an abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more. PSED - Public Sector Equality Duties TUPF – Trade Union Partnership Forum
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	People & Culture Committee

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• <b>Workforce</b>	Yes, outlined within the paper
• <b>Service Activity &amp; Performance</b>	Yes, outlined within the paper
• <b>Financial</b>	Not Applicable
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>Yes not yet available</b> An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>	Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Collaboration - Acting in collaboration with any other person (or different parts of the body itself)

<https://futuregenerations.wales/about-us/future-generations-act/>

that could help the body to meet its well-being objectives



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board



# Strategic Equality Plan 2024/28: Update on progress

Aneurin Bevan University Health Board  
Equality Objectives: 3 P's for Inclusion

# Foreword



It is with great pride that I reflect on the progress made in the first year of our Strategic Equality Plan (2024–2028). This plan outlines our commitment to advancing equality, eliminating discrimination, and fostering inclusion, both as an employer and in the services we provide.

Over the past year, collaboration with staff and stakeholders has been instrumental in driving this agenda forward, ensuring our values and behaviours are embedded in everything we do. As we continue this journey, I look forward to strengthening partnerships and building on our achievements to create a truly inclusive and equitable environment for all.

**Nicola Prygodzicz, Chief Executive Officer**

# Introduction

The Health Board's Strategic Equality Plan for 2024–2028 was approved by the Board in March 2024. This plan builds upon our previous initiatives and incorporates refreshed and new objectives, developed through extensive engagement and consultation.

The consultation also included a number of patient representatives and wider partners. In addition, the objectives were aligned to the key priorities outlined in “Is Wales Fairer?” Report 2023, the Making Gwent Fairer Report and key strategic drivers including; our People Plan, Anti-Racist Wales Action Plan, LGBTQ+ Action Plan, Accessible Information Action Plan and Disability Action Plan.



Within the plan there are 59 Equality Objectives which were developed in collaboration with the Staff Diversity Networks, Trade Unions, Llais and Stakeholders.

The SEP builds on our work in this area over the past 5 years and is underpinned by our People Plan objectives, our Values and Behaviours, and Annual Plan. It provides a blueprint for creating an inclusive environment for all our staff and a framework to ensure that we deliver an appropriate and inclusive service to patients.



The purpose of this document is to provide an update against the year one priorities of the Strategic Equality Plan (SEP) and Equality Objectives for 2024 - 2028.

March 2025 marks the end of the first year of our current Strategic Equality Plan and in accordance with the Public Sector Equality Duty 2011 we are required to publish an update of our performance against the year 1 priorities.



Within the SEP the priorities are split into our agreed areas of focus: **Our Patients, Our People, Our Population (the 3Ps of Inclusion).**



The priorities are broken down into the year they are due to commence and over the three-year duration of the plan.

42 of the 59 priorities were due to commence in year 1 (2024/25), delivery of these priorities extends over the three year duration of the plan.

All of the year 1 priorities have commenced and are in varying stages of progress. There has also been progress made with several priorities that are outlined in the plan to commence in year 2+.

**Beyond Compliance,  
Towards Change**

# We have legal duties

The Equality Act 2010: the Public Sector Equality Duty (PSED) requires all public bodies to consider all individuals when carrying out their day-to-day work in shaping policy, in delivering services and in relation to their own employees. We must demonstrate 'due regard' to the three aims of the general duty of the Equality Act 2010 which are:

- Eliminate unlawful discrimination, harassment or victimisation;
- Advance equality of opportunity between people who share protected characteristics and people who do not share them;
- Foster good relations between people who share protected characteristics and people who do not share them.

# The Equality Act 2010 protects anyone who falls into a ‘protected characteristic’:



- Age
- Disability
- Ethnicity
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Religion/Belief
- Sex
- Sexual Orientation

# Why a Strategic Equality Plan?



**A reminder  
of our  
Objectives:**

# Our Equality Objectives: 3 P's for Inclusion

As a Health Board, we aim to provide safe, high-quality care and improve the health and wellbeing of the population we serve. However, the data tells us that it is getting harder, not easier for people in communities across Gwent to live healthy, fulfilled lives (Building a Fairer Gwent, 2023). This Plan, therefore, supports the Building a Healthier Gwent ambition, to ensure that the places where we live, work, learn and play make it easier for people in our communities to live healthy, fulfilled lives.

We recognise that delivering great care starts with great people. According to Gallup, “Psychologically committed, or engaged, employees are the key to improving patient satisfaction and loyalty.”

Focusing on Equality, Diversity and Inclusion within an organisation can improve Employee Experience (Deloitte, 2023). We know that truly understanding and valuing our people is key to unlocking their potential.



## PATIENTS

Positively engage and actively listen to our patients and embed the principles of co-production and co-design

## PEOPLE

Create an inclusive and supportive culture based on building and maintaining relationships

## POPULATION

Make better use of data to understand and to proactively and systematically work to reduce health inequalities

# Objective 1 - Our Patients



**Our Pledge: By 2028, we will take action to positively engage and actively listen to our service users and embed the principles of co-production and co-design.**

- Ensure our services are accessible to all our patients and carers who require care, treatment and support.
- Ensure the information we provide can be adapted to meet individual needs.
- Living our Health Board's values, we will strive to provide personalised and compassionate care while respecting different people's needs, aspirations and priorities.
- Ensure service users and carers have a positive experience of our services and are not disadvantaged in any way.
- Continue to align our service plans with current and emerging Welsh Government Plans and Standards (e.g., Anti-Racist Wales Action Plan, LGBTQ+ Action Plan, Workforce Race Equality Standards, and Disability Rights Action Plan, etc).
- Continue our commitment to actively listen to our patients, carers, and the public, and amplify the voices of seldom-heard communities, to inform a process of continuous improvement and innovation.

# Objective 2 - Our People



**Our Pledge: By 2028, we will take action to create an inclusive and supportive culture based on building and maintaining relationships.**

- To create an environment that embraces diversity and promotes inclusion. We recognise the importance of providing a safe and caring environment for staff where they can be themselves at work.
- Ensuring we develop an inclusive organisation with a diverse workforce representative of the communities we serve is critical to achieving this ambition.
- We will continue to align our workforce plans with current and emerging Welsh Government Plans and Standards (e.g., Anti-Racist Wales Action Plan, LGBTQ+ Action Plan, Workforce Race Equality Standards, and Disability Rights Action Plan, etc).
- Analysis of our current workforce demonstrates there are areas of under-representation within certain groups of our staff. These include lower numbers of staff aged 25 and under, LGBTQ+ staff, and staff from various religions/beliefs compared to the local population. There are also lower numbers of male staff as a proportion of the overall workforce and lower numbers of ethnic minority staff in senior roles.
- We will monitor the data and investigate gaps to ensure everyone has equity of access and opportunity.

# Objective 3 - Our Population



**Our Pledge: By 2028, we will make better use of data to understand and to proactively and systematically work to reduce health inequalities.**

- To provide safe, high-quality care and improve the health and wellbeing of the population we serve. However, the data tells us that it is getting harder, not easier for people in communities across Gwent to live healthy, fulfilled lives (Building a Fairer Gwent, 2023). This Plan, therefore, supports the Building a Healthier Gwent ambition, to ensure that the places where we live, work, learn and play make it easier for people in our communities to live healthy, fulfilled lives.
- As we benchmark our equality data against our local population, we also monitor the equality data of our patients through local and national surveys. This allows us to monitor any disproportionate impacts which may be identified and put actionable steps in place to resolve inequalities.
- To ensure that all groups can access our feedback methods we will build on and improve our accessibility of feedback tools and work with our community partners to share this across the Gwent region.

An overview of progress against all year 1+ priorities is outlined in the following subject matter themes that underpin the 3 P's.

**LGBTQ+**

**Wales Race Equality  
Standards (WRES)**

**Patient / Public  
Engagement**

**Accessible  
Information**

**Staff Networks /  
Advisory Groups**

**Widening  
Participation**

**Disability**

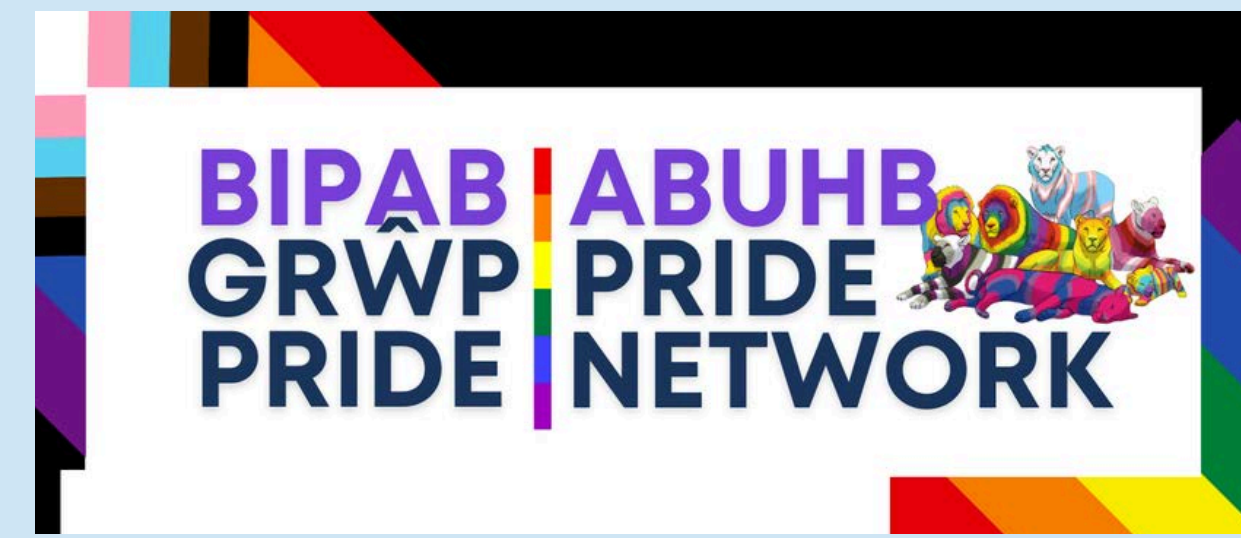
**Armed Forces**

**Equality Impact  
Assessments (EQIAs)**

# LGBTQ+

In year 1, we committed to:

- Focusing on promoting awareness and inclusion of LGBTQ+ communities within our services.
- Aligning our priorities in the All Wales LGBTQ+ Action Plan to our programme of work.
- Engaging with staff, patients and the public around their experience of working and accessing services within the Health Board.



# LGBTQ+

In year 1, we have:

- Attended each Pride Event in Gwent.
- Engaged and collated feedback from over 131 participants during the events around “What is important to make you feel healthy”. The feedback themes included:
  - Physical and Mental Health
  - Healthcare Access and Services
  - Social Connection and Support
  - Equality, Diversity and Inclusion
  - Work Life Balance and Daily Life
  - Healthy Living and Environment



In February 2025, we commenced our work on the development of an Aneurin Bevan University Health Board LGBTQ+ Action Plan. A series of workshops will be held to engage with staff and the public to inform our programme of work.

# Accessible Information

In year 1, we committed to:

1. **Driving forward engagement strategies to continue to improve our accessible information for all our staff and the public.**
2. **Embedding the priorities of the All-Wales Accessibility Action Plan.**
3. **Engaging with staff, patients and the public with accessibility needs around their experience of working and accessing services within the Health Board.**



**SignLive**

# Accessible Information

**In year 1, we have commenced a number of projects with services across the Health Board:**

The Eye Clinic at Royal Gwent Hospital is implementing an action plan to enhance patient experience, developed in collaboration with clinical leads following an audit. The plan includes several key initiatives:

- **Visually Better Spaces:** The clinic is set to become the Health Board's first site awarded this recognition by the Royal National Institute of Blind People (RNIB).
- **Colour Contrast Improvements:** Works and Estates are upgrading colour contrasts to improve accessibility.
- **Visual Awareness Training:** RNIB's training, delivered to 60 staff members on February 11, 2025, is CPD accredited and supports better care for visually impaired patients.
- **RoomMate Installation:** The clinic will install RoomMate, an electronic device offering tailored audio descriptions in accessible toilets. Efforts are underway to ensure it is available in both English and Welsh.

Once completed at Royal Gwent Hospital, these improvements will be rolled out to Nevill Hall and Ysbyty Ystrad Fawr Hospitals.



# Accessible Information

## Visual Awareness Training:

To date, 9 monthly sessions have trained 67 staff members, receiving overwhelmingly positive feedback. Participants praised the informative content, engaging delivery, and practical exercises, with many reporting increased confidence in supporting visually impaired colleagues. Hands-on activities, such as guiding a blindfolded person, provided valuable insights into accessibility challenges.

The training effectively raises awareness, builds confidence, and equips staff with practical skills, with many recommending it be made mandatory.



# Disability Action Plan

**In year 1, we committed to:**

- 1. Making progress towards ensuring disability considerations were embedded in planning and decision making.**
- 2. Working towards improving access and experience for all staff and the public who have a disability.**
- 3. Engaging with staff, patients and the public with disabilities around their experience of working and accessing services within the Health Board.**



# Disability Action Plan

In year 1, we launched several projects while also advancing efforts to enhance service accessibility for both staff and patients.

## Health and Well-Being Passport for Staff



A new Health and Well-Being Passport has been created through a collaboration involving Equality, Diversity and Inclusion, Occupational Health, and representatives from Trade Unions. It is currently in the pilot phase.

The passport aims to assist and support individuals working within the Health Board who may have difficulties managing their health, wellbeing, or care giving responsibilities whilst in the workplace.

# Disability Action Plan



We currently hold Level 2 Disability Confident status and aim to achieve Level 3 by Q2 of 2025/26. This recognition enhances our reputation as an inclusive employer, attracting diverse talent, improving engagement, and strengthening our brand. It also supports corporate social responsibility, enhances service accessibility, and fosters innovation while boosting stakeholder confidence.

We are currently applying for Visibly Better Employer status with the RNIB, reinforcing our commitment to an accessible, inclusive workplace for blind and partially sighted employees. This recognition enhances our brand, supports compliance, strengthens corporate social responsibility, attracts talent, boosts engagement, and provides expert guidance for ongoing accessibility improvement.

**R N I B**

**Visibly Better**

**Employer**

# Wales Race Equality Standards (WRES)

## In year 1, we committed to:

1. Strengthening our demographic data.
2. Using data insights to strengthen disparities in patient and staff experiences.
3. Aligning the WRES priorities outlined in the All-Wales Race Equality Action Plan to our programme of work.
4. Engaging with staff, patients and the public around their experience of working and accessing services within the Health Board.

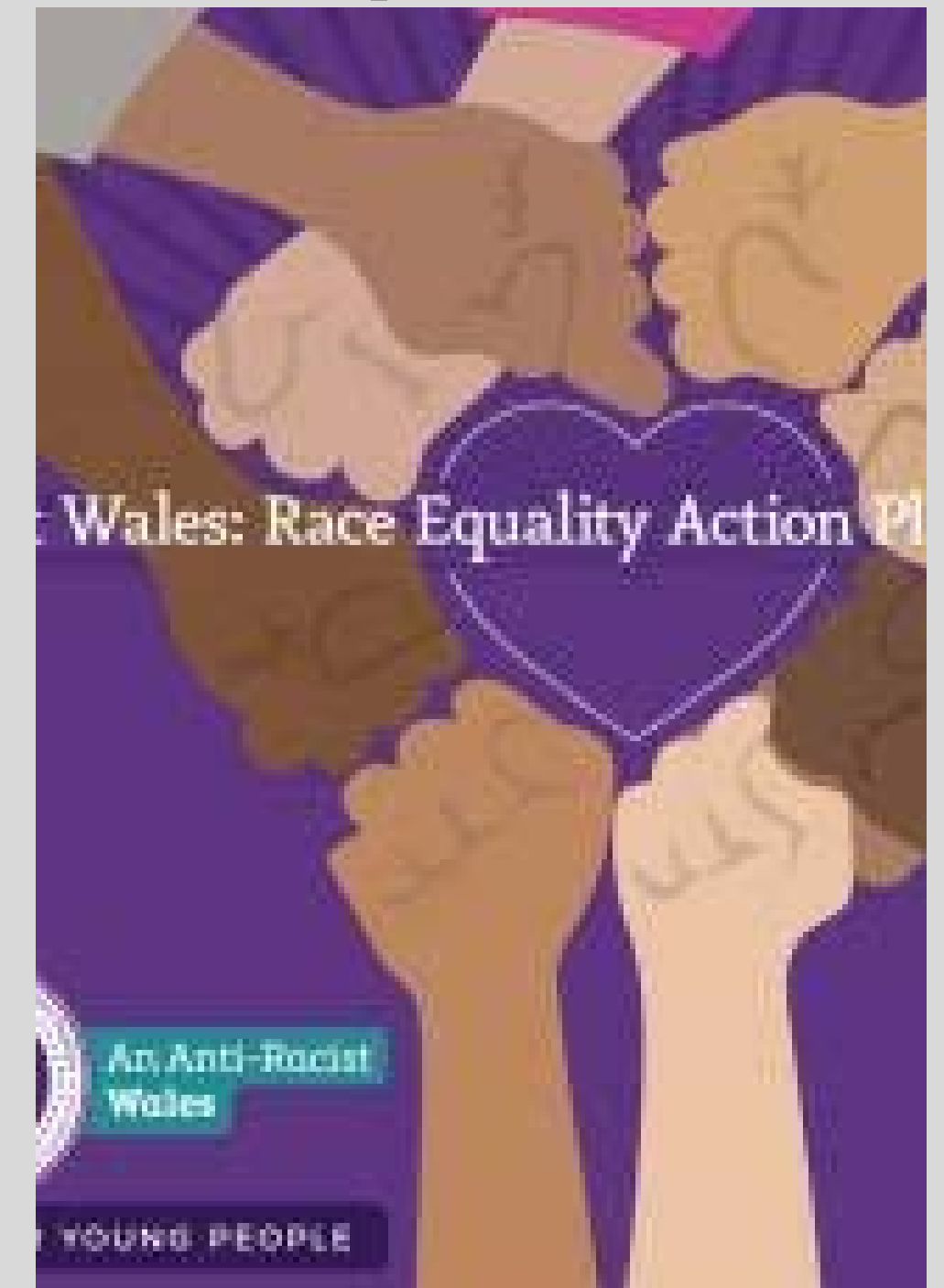


# Wales Race Equality Standards (WRES)

**In year 1, we have made progress on initiatives that align with the findings of the Health Board's WRES report.**

In June 2024, the Health Board received its Wales Race Equality Standards (WRES) Report. The report detailed the Health Board's workforce race equality data, focusing on representation, development, disciplinary equality and institutional culture.

The report outlined both its key both positive findings and areas for further improvement across the organisation.



# Wales Race Equality Standards (WRES)

The key findings within the WRES report have been worked into the overarching Strategic Equality Plan, however, the summary areas of findings are:

## Positive Findings:

- 1. Equal Access to Non-Mandatory Training and Continuing Professional Development**
- 2. Parity in Shortlisting to Interview Process**
- 3. Structured Support for Reapplication**
- 4. Inclusive Training Programmes**
- 5. Commitment to Long-Term Improvement**

## Areas for Improvement:

- 1. Absence of Ethnic Minority Board Membership**
- 2. Progression to Senior Grades**
- 3. Ethnicity Declaration Rates**
- 4. Likelihood of Appointment and Capability Processes**
- 5. Experience of Discrimination and Harassment**

# Wales Race Equality Standards (WRES)

## Year 1 Initiatives:

### International Medical Graduates (IMG) Induction -

We celebrate our internationally educated colleagues through the IMG Induction Day, currently held twice yearly. In collaboration with the GMC, we plan to expand to three sessions annually.

The programme supports internationally educated colleagues in integrating, adapting to cultural change, and accessing help. So far, 38 individuals have completed the IMG induction, with 20 more booked. Feedback has been highly positive, with attendees feeling well-prepared for their role.



**Medic Mentor** - Clinical colleagues have developed the Medic Mentor Scheme to support internationally trained doctors. The Buddy Scheme complements existing supervision by providing informal guidance during their transition. With 10 mentors in place, the scheme will launch after the next IMG induction on 17 March 2025.



**Anti-Racism E-learning Roll out** - to be compliant by December 2025.

**Reverse Mentorship** - Launched in July 2024, our Reverse Mentorship pilot programme connects Black, Asian, and Ethnic Minority staff with Executive and Board Members. With six participants (three partnerships), comprising of two Executives and one Board Member. The pilot runs until July 2025 for a full evaluation. Initial feedback has been positive.

## Article



**Improving Employee Experience-** As part of NHS Wales 'Improving Employee Processes' work, our Employee Experience team, with EDI support, developed a blog featuring Dr. Jaideep Kitson for HEIW's Gwella platform. It explores the impact of employee investigations on minority ethnic professionals and aligns with WRES recommendations to assess whether they face higher rates of capability processes.

## Diverse Cymru's Cultural Competence Certificate Scheme

In October 2024, our Patient Experience and Involvement Team received a Silver Award Distinction for demonstrating cultural competence, following submission of their Culturally Competent Certification Scheme Workbook. This award-winning tool promotes fair and equitable services for Black, Asian, and Minority Ethnic people in Wales. After self-assessment and verification by Diverse Cymru, the team is now sharing their learning to help other Health Board teams achieve the certification.

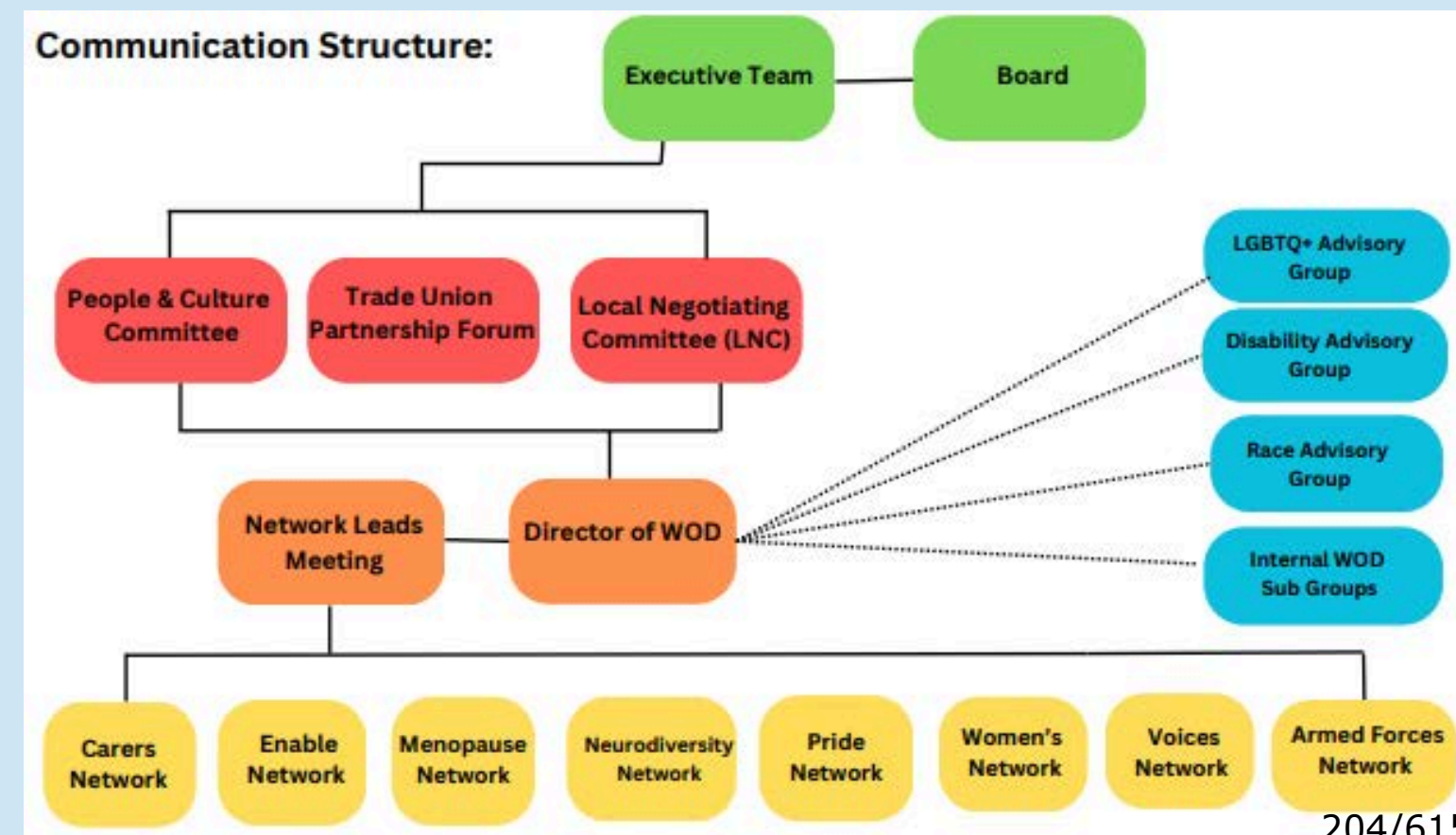


**Aspiring Board Members:** In 2024, the Health Board launched an Aspiring Board Member development programme for individuals with protected characteristics. This six-month scheme, starting in September 2024, helps participants build the skills to become Independent Board Members in a large organisation. A national version of the programme is being developed. It aligns with the Health Board's commitment to WRES and Equality Action Plans to boost talent pipelines from under-represented groups.

# Staff Networks & Advisory Groups -

In September 2024, we introduced a Staff Networks Strategic Communication structure to enhance governance and ensure feedback shapes our strategic plans. Our advisory groups continue to evolve, with a new Accessible Information Advisory Group launched in December 2024 to oversee the All-Wales Accessible Information Action Plan. We are also establishing a Disability Advisory Group to guide the renewed All-Wales Disability Action Plan. Our Race Advisory Board meets bi-annually, and the LGBTQ+ Advisory Board is being re-established as part of our ongoing LGBTQ+ Action Plan.

We currently have seven active staff networks, including Carers, Enable, Menopause, Neurodiversity, Pride, Women's, and Voices. Each network has a Chair and Executive Sponsor, and regular meetings are held. We are reviewing the Terms of Reference through a new Network Chair meeting structure.



# Armed Forces:

Our new Armed Forces Covenant Lead commenced their 12-month fixed-term contract at the end of November 2024.

The key priorities for the Armed Forces Covenant Lead focus on strengthening the Health Board's commitment to the Armed Forces, veterans, and reservists. This includes enhancing the Health Board's alignment with the Armed Forces Covenant and Defence Employer Recognition Scheme, revitalising the Armed Forces Staff Network, and developing a Gwent-wide partnership to support Armed Forces personnel and veterans. Additionally, priorities include improving data quality, offering better support and career development for reservists, and creating a clinical pathway for Armed Forces personnel. Efforts will also be made to enhance recruitment through the "Step Into Health" initiative and explore the role of champions across the Health Board. Collaboration with regional armed forces units and charities will also be a key focus.



# Patient / Public Engagement and Feedback:

In year 1, we committed to ensuring structured engagement plans were in place with all stakeholders and partners to improve inclusivity, representation and patient experience.

We have developed a model for engaging with the public through community events and Wellbeing Networks, focusing on initiatives like Dementia Friendly Communities, bereavement, end-of-life care, and volunteering.

The Health Board collaborates with various partners, including colleges, equality leads, Diverse Cymru, local authorities, charities, and organisations such as GAVO, WCVA, Stroke Association, Coleg Gwent, and Helpforce. This holistic approach helps us engage with the Gwent population and drive service improvements.



# Widening Participation:

In year 1, we committed to focus on strengthening school partnerships to promote healthcare careers among under-represented groups and develop outreach programs to inspire diverse young people to consider NHS careers.

The Equality, Diversity and Inclusion and Learning and Development functions have collaborated to enhance our Work Experience offer, aiming to attract under-represented talent and raise the Health Board's profile as an Employer of Choice. This includes internal initiatives like Learning at Work Week and the creation of a 'Hosting Inclusive Work Experience Placements for All' Toolkit.



# Widening Participation:

Additionally, a Widening Participation Grant was awarded to develop "Skills Surgery," a project introducing Year 6 pupils to healthcare careers. In partnership with Pill Primary School, students participated in workshops that featured diverse role models and career activities. The initiative has received positive feedback, and plans are underway to expand to more schools and provide resources for independent delivery.



# Equality Impact Assessments (EQIAs)

We committed to continue to review our EQIA process and ensure EQIAs are part of the decision-making processes to assess the impact on vulnerable groups.

We are rolling out EQIA training across the Health Board, with monthly EQIA panels and the development of a simplified guide for managers to ensure timely EQIA completion. EQIA prompts and outcomes are now included in all Health Board committee and Board papers. Ongoing work ensures compliance with EQIA requirements.

The revised SEP will improve outcomes for under-represented staff, enhancing inclusion across the organisation. The Head of Equality, Diversity, and Inclusion attends the Trade Union Partnership Forum, where members contribute to SEP implementation. This work will help reduce inequalities, ensuring everyone receives high-quality, accessible care and improving the collection and response to feedback from those with poorer care experiences.



# Measures of Success



The Plan and its supporting programmes will continue to be monitored and measured by the Health Board through a range of appropriate metrics; including where possible, qualitative information. Progress will be published annually in the Health Board's Annual Strategic Equality Plan update report.

The actions within the strategy provide a number of proposed and illustrative measurements, some of which are already routinely monitored and others not yet established.

# Summary

In summary, significant progress has been made in key areas, with a continued focus on embedding EDI principles into operational and strategic decision-making. Further work is required to improve our equality data, which continues to remain static, enhance data-driven insights, continue to improve accessibility, and to further ensure meaningful engagement with diverse communities.



# Glossary

**Co-design** - an approach to designing solutions, in which community members are treated as equal collaborators in the design process.

**Co-production** - a way of working, whereby everybody works together on an equal basis to create a service or come to a decision which works for them all.

**Cultural Intelligence** - increasing our understanding of the ways that different cultures operate within organisations to develop language and behaviours that promote better problem-solving.

**Discrimination** - Discrimination means treating someone 'less favourably' than someone else, because of a protected characteristic.

**Electronic Staff Record (ESR)** - a HR and payroll database system commissioned by the Department of Health and Social Care used by the Health Board.

**Equality impact assessment** - a process designed to ensure that a policy, project or scheme does not unlawfully discriminate against any protected characteristic.

**Experts by Experience** - people who have personal knowledge of our services, either through their use of those services or through caring for someone else.

**Inclusion Champions** - members of staff who take responsibility for key inclusion and diversity objectives and visibly role model inclusion across the organisation.

# Glossary

**LGBTQ+** - an abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more.

**Marmot Principles** - eight policy areas defined by Sir Michael, which include early years development, employment, living standards, communities, ill-health prevention, discrimination, and environmental sustainability.

**Microaggression** - a comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude towards another.

**Prejudice** - Any attitude held towards a person or group that is not justified by the facts. Prejudice includes negative and positive attitudes towards people solely on the basis of a protected characteristic.

**Talent Management Strategy** - how the Health Board intends to bring employees on board, keep them happy and productive and help them continue to develop their skills over time.



# Contact Us

If you have any questions about this Plan or would like it in an accessible format (large print Braille, audio, BSL and/or languages) please contact us using the details below:

Equality, Diversity and Inclusion

[abb.edi@wales.nhs.uk](mailto:abb.edi@wales.nhs.uk)

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	26 March 2025
<b>CYFARFOD O: MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	<b>Complex and Long-Term Care, Independent Provider Fee Uplifts – 2025/26</b>
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Leanne Watkins – Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	<ul style="list-style-type: none"> <li>• Donna Wetter – Interim Divisional Nurse</li> <li>• Hayley Jones - Head of Business and Performance</li> <li>• Mark Anstey - CHC Service Manager</li> <li>• Chris Commins - Assistant Director of Finance</li> <li>• Gemma Mainwaring - Business Partner Accountant</li> <li>• Sally Griffiths - Business Partner Accountant</li> </ul>

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

**Ar Gyfer Penderfyniad/For Decision**

The Divisions of Primary Care, Community Services and Complex and Long-Term Care, and Mental Health and Learning Disabilities commission long-term complex care for individuals who are eligible for Continuing NHS Healthcare (CHC) and Section 117 of the Mental Health Act where a person's primary need has been assessed as health based. Care can be provided within a care home or within a person's home (domiciliary care/supported living) and is part of a continuum of care and support that an individual with complex needs requires.

The Board is asked to support the following fee uplift methodologies for 2025/26 to ensure an equitable, transparent, and robust approach to determining the uplifts applied to Continuing NHS Healthcare (CHC) and Section 117 commissioned services.

**Seyllfa / Situation**

Commissioned care services are essential to support the delivery of the Continuing NHS Healthcare National Framework, ensuring an integrated approach to the commissioning of services across both of the Primary Care, Community Services and Complex and Long-Term Care Division and Mental Health & Learning Disabilities Division. This ensures that an appropriate range of services are in place to respond to the needs of the population. Working collaboratively, this report sets out to establish a robust, transparent and consistent approach to determining and applying annual fee uplifts for commissioned services across both Divisions.

Contractual arrangements between the Health Board and commissioned service providers often span over financial years and as a result there is a requirement to consider the financial pressures in terms of inflation and other business-related costs and award uplifts in the fees requested by providers. This is common practice for the Health Board.

**Cefndir / Background**

Items of note affecting 2025/26 fee uplifts:

**1. Framework for commissioning care and support: code of practice**

In July 2024, Welsh Government (WG) published the Framework for commissioning care and support: code of practice for both Health and Social Care to adopt. The code of practice includes the following key points relating to setting and agreeing fees:

Standard 7: Understanding the costs of care

- Statutory partners must demonstrate that they understand the full costs of directly provided and contracted care in their area.
- Statutory partners must work collaboratively to understand fair and sustainable costs of delivering care to inform decisions relating to fee setting and there must be a consistent and transparent approach to fee setting.

Standard 8: Setting fair & sustainable fees

- Statutory partners should use local, regional and/or national cost methodologies or benchmarks to determine a fair and sustainable price for quality care and support. Common methodologies assist in analysis of costs and developing business cases for trialling and testing novel approaches to delivering services through the likes of prototyping and iterative scaling of services.
- Statutory partners must be transparent and consistent when setting fee rates ensuring that they are assessing fair and sustainable costs of care and support and ensuring public value.
- Statutory partners must confirm their fee rates to providers in a timely manner before the start of each financial year.



- Methodologies should take account of factors such as geography, organisational context, care and labour market conditions and fair work policy (pay, terms and conditions and progression frameworks). Contractual uplift mechanisms must include appropriate inflationary elements to keep pace with rising costs.
- Establishing consistent methodologies and benchmarks should not detract from local democracy and local decision-making on price determination. Commissioners should take account of the impact of their commissioning and procurement activity on the sufficiency of care and support available and on market stability.

There is a likelihood that more scrutiny will be directed towards the fee setting process and challenges to the compliance with the code of practice; in particular to the requirement for statutory partners to understand fair and sustainable costs of providing care and support.

A National Office for Care and Support has been established, with a role in overseeing and supporting implementation and management of the code. Work is ongoing to define compliance with the new framework.

## 2. Increase in National Insurance Contributions (NICs)

Changes to Employer National Insurance Contributions (NICs) will come into effect from April 2025. In recognising the impact of employer's national insurance contributions, there are 2 factors that need to be reflected:

- An increase in the rate of employers NI contributions from 13.8% to 15%, an increase of 1.2%.
- A reduction in the earnings threshold that employers NI contributions commence, reducing from £9,100 per annum to £5,000 per annum. This has a significant impact upon part time workers.

## 3. Real Living Wage

The Real Living Wage for 2025/26 is £12.60 per hour, an increase from £12.00 per hour in 2024/25. This is included as a key element of the suggested fee uplifts, which aligns to the national direction and Welsh Government pledges, that the Health Board are committed to recognising the efforts and commitment of the Social Care workforce in the delivery of care and support to our most vulnerable residents.

Supporting this rate of pay also allows the Health Board to place an expectation on providers that registered workers will receive a minimum hourly rate equivalent to the Real Living Wage, in order to support workforce sustainability.

## Asesiad / Assessment

Categories of care are set into 3 areas:

1. Care Homes- this includes Nursing and Residential Care.
2. Domiciliary Care/Supported Living- this includes agencies who provide care in peoples own homes.



3. Placements/Services with individual costs– these are bespoke packages of care specific to an individual, generally more Complex or Specialist.

### 1. Care Homes in Gwent

The current fee methodology for Care Homes in Gwent was agreed by Board in 2015 and identifies the following three key elements in the (CHC) weekly fee structure:

1. The baseline aligned to Local Authority individual residential nursing rates.
2. Plus, the NHS Funded Nursing Care (FNC) rate, set Nationally and linked to annual NHS pay award percentage uplift and CPI.
3. Plus, 7 hours of a HCSW per week in recognition of the complexities and additional care required for a CHC patient when compared with an FNC patient. This uplift is linked to the NHS pay award percentage uplift.

The use of the Local Authority individual residential nursing rates as a baseline for the above methodology applied as it covers the provision of accommodation, nursing or personal care in a care home. This aligns to the requirements of the Continuing NHS Healthcare Framework where it states that *“where an individual receives their CHC care package in a care home, the NHS will fully fund the care, including the accommodation, board costs and personal care”*.

#### Summary of Criteria where the above methodology will be used:

- The General/EMI Nursing Care Home is within the Gwent area with an agreed LA rate.
- Where a standard (same) rate is applied to all CHC and S117 Commissioned Placements.

Currently the Local Authorities have not approved uplifts for 2025/26. The annual plan submission is based on the average award rate for 2024/25 of 8.9%. From discussions with the Local Authorities Commissioning and Heads of Service representatives during the last month, there is a range of % uplifts being proposed. Whilst waiting formal agreement, it would appear an average of 8.9% uplift is a reasonable assessment.

In previous years, there have been delays in awarding the CHC fee uplift as new rates for all elements of the fee has not been known until the pay award has been announced. Whilst uplifts were backdated to 1 April where appropriate, it resulted in an extended period of time where the payments were based on prior year rates.

Due to this, we are requesting agreement to apply an interim rate for the care homes of 5.5% whilst awaiting the LA uplift rates and the pay award for 2025/26. This will be amended once final rates are known:

Fee Element	Proportion of Total Fee	Proposed Interim Rate	Annual Plan Estimate	Proposed interim rate
Care Home Fees	75%	5.5%	8.9%	5.5% lower range of early indications of LA uplifts
FNC Interim Rate	16%	5.1%	5.2%	Proposed All Wales Interim FNC rate
CHC premium	9%	6.2%	6.4%	Pay award estimate of 2.8% plus NI impact 3.4%
<b>Total % uplift</b>	<b>100%</b>	<b>5.5%</b>	<b>8.1%</b>	



Whilst initial uplifts will be available from the Local Authorities for 1 of April and will be used where known, there is often a period of negotiation with the care home providers and there is potential that there will be an increase to the percentage uplift awarded during 2025/26. By approving the continued use of the fee methodology, it is requested that the Board support changes to fees as a result of Local Authorities negotiations with the care homes.

## **2. Domiciliary Care/Supported Living Providers**

Domiciliary Care for the purpose of this fee setting methodology is defined as services commissioned to support an individual in their own home, which are provided on a 'call basis' of 15, 30, 45 and 60 minute durations. Care is administered proportionately throughout the day.

Supported Living for the purpose of this fee setting methodology is defined as CHC / S117 patients who live in supportive housing, will have their own tenancy, and live in designated housing provided by a specialist organisation. A domiciliary support service, provided by a separate specialist organisation is administered to meet the care needs of the CHC / S117 service users and it is this organisation with which the Health Board commissions.

### **Summary of Criteria where the above methodology will be used:**

- Care is provided on a call basis.
- The same rate/s are applied to all CHC and S117 commissioned packages with an independent agency.

The fee uplift proposed for Domiciliary Care / Supported Living is 6.9% consisting of the following elements:

- **Real Living Wage**  
5% for movement from £12.00 to £12.60 per hour  
3.4% for impact of NI threshold reduction based on average weekly hours worked of 31.8 (taken from ONS 2022 average hours worked)
- **Other Staffing**  
3.9% in line with January 2025 CPI  
2.7% for impact of NI threshold reduction
- **Non-Pay**  
3.9% in line with January 2025 CPI

<b>Uplift element</b>	<b>Proportion of Fee</b>	<b>General Uplift Impact</b>	<b>NI Impact</b>	<b>Total % Uplift</b>
Real Living Wage	60%	3.0%	2.0%	5.0%
Other Staffing	10%	0.4%	0.3%	0.7%
Non-Pay	30%	1.2%		1.2%
<b>Total</b>	<b>100%</b>	<b>4.6%</b>	<b>2.3%</b>	<b>6.9%</b>



This has been updated from the submitted annual plan figure of 6.7% following publication of January 2025 CPI rate.

### **3. Placements or Services with Individual Costs**

A placement or service with an individual cost for the purpose of the fee setting criteria is defined as a CHC / S117 service or placement commissioned where an individual cost is applied to each patient within the service. The uplift applied in 2024/25 for placements/services with individual costs mirrored the Domiciliary Care / Supported Living uplift award. It is suggested this approach continues for 2025/26 (6.9%).

#### **Summary of Criteria where the above methodology will be used:**

- Placements or Services where a standard rate cannot be applied to all CHC / S117 patients/services commissioned.
- There is an individual rate for each individual CHC / S117 Patient.

#### **Services/Placements covered under this category:**

**Care Home placements** (with Nursing & Residential) where there are individual placement costs for each CHC / S117 Patient.

**Services** - Where there is an individual service cost for each CHC / S117 Patient.

**Live in Care** – Live in Care for the purpose of this fee setting methodology is defined as CHC / S117 patients who receive care from *dedicated, full-time, carer moving into their home to support with care needs.*

**Care Staffing Agencies providing one to one enhanced care (including provided in house by care homes)** – A Care Staffing Agency for the purpose of this fee setting methodology is defined as an agency who supplies temporary staff to care for CHC / S117 individuals in care homes who require an enhanced level of support. This care is flexible and can be increased or decreased at any time, without providing notice.

**Sleep in Nights** – A sleep-in night care service for the purpose of this fee setting methodology is defined as a night shift where care staff will sleep at the workplace. This time is classed as working time, due to the requirement for care staff to be at the workplace.

**Fast Track Palliative Care** - The Long-Term Complex Care service quality assures and commissions all CHC fast track palliative care packages for ABUHB and care may be provided in residential, nursing homes or at a person's own home. Fees for Fast Track placements made in residential or nursing homes would align to the LA residential rate (for residential Homes) and the CHC rate for nursing homes. For community packages there are set standard rates, as detailed in appendix 1.

For placements or services with individual costs, fees are largely based on assessed need. Uplifts will only be applied on receipt of a written request from the provider, and in cases where the request is higher than that of the RLW/CPI uplift, the RLW/CPI uplift



will be offered. Retrospective uplift requests will be applied from the date that the request is received and follow the process of determining the fee methodology.

### Principles to note:

1. The Health Board commissions the Joint Commissioning Committee (JCC) for the financial governance and contract monitoring of All Wales Framework placements. The JCC and NWSSP procurement team are leading on the negotiations and uplifts have yet to be finalised. The initial indication is that there will be an 8% uplift; however work is underway to review submissions alongside evidence from providers and the expectation is this figure should reduce however to note 6.9% has been included in the Annual Plan for these packages.
2. The Board has the right to undertake an ongoing review of locally commissioned hours and rates with domiciliary care agencies and other services to have the flexibility to implement locally negotiated terms, conditions and prices where appropriate. This flexibility means that arrangements that commissioners enter into with providers meet the needs of the patients in their local health economy and provides best value for money from these services.
3. For packages or services that are jointly funded with the Local Authority, the uplift awarded by the LA will be matched.

### Financial Impact

The tables below demonstrate the 2025/26 financial impact for both Divisions, pending agreement of recommended uplift.

#### Overview by Fee Uplift Criteria

Fee uplift	Recurrent Spend - £000			Uplift %	Impact of Uplift - £000		
	MH/LD	Complex Care	Total		MH/LD	Complex Care	Total
Domiciliary and Individually Costed Placements	£36,792	£22,714	£59,506	6.9%	£2,539	£1,567	£4,106
Care Homes in Gwent (estimate)		£23,095	£23,095	8.1%		£1,868	£1,868
NCU Framework Placements	£16,860		£16,860	6.9%	£1,163	£0	£1,163
<b>Total</b>	<b>£53,652</b>	<b>£45,809</b>	<b>£99,461</b>	<b>7.2%</b>	<b>£3,702</b>	<b>£3,435</b>	<b>£7,137</b>
<b>Annual Plan</b>					<b>£3,595</b>	<b>£3,387</b>	<b>£6,982</b>
<b>Difference from Annual Plan</b>					<b>£107</b>	<b>£48</b>	<b>£155</b>

#### Overview by Fee Uplift Element

Uplift Element	MH/LD - £000			Complex Care - £000			Total - £000		
	General Uplift Impact	NI Impact	Total	General Uplift Impact	NI Impact	Total	General Uplift Impact	NI Impact	Total
Real Living Wage	£1,625	£1,105	£2,730	£1,281	£870	<b>£2,150</b>	£2,906	£1,974	<b>£4,880</b>
Other Staff (incl RN)	£207	£143	£350	£324	£265	<b>£589</b>	£531	£409	<b>£940</b>
Non Pay	£622	£0	£622	£695	£0	<b>£695</b>	£1,317	£0	<b>£1,317</b>
<b>Total</b>	<b>£2,454</b>	<b>£1,248</b>	<b>£3,702</b>	<b>£2,300</b>	<b>£1,135</b>	<b>£3,435</b>	<b>£4,753</b>	<b>£2,383</b>	<b>£7,137</b>

### Argymhelliad / Recommendation



The Board is asked to APPROVE the above approach for 2025/26 fee uplifts:

1. Interim Rate of 5.5% for Care Homes in Gwent
2. Final Rate for Care Homes in Gwent based on:
  - o Final LA uplifts for General Nursing and EMI Care Homes
  - o Final FNC rate following A4C NHS pay award announcement
  - o Final CHC premium rate following A4C NHS pay award announcement
3. Uplift of 6.9% for Domiciliary Care/Supported Living Providers and Placements or Services with Individual Costs
4. Final NCCU published rates for placements on NCCU Framework

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve the access, experience and outcomes of those who require mental health and learning disability services Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Within the paper
Rhestr Termau: Glossary of Terms:	With the paper



Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<p><b>Is EIA Required and included with this paper</b> <b>No does not meet requirements</b></p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a></p>
<p><b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b></p> <p><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a></p>	<p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p> <p>Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies</p>



<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	26 March 2025
<b>CYFARFOD O: MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	<b>Amendments to Standing Orders</b>
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Rani Dash, Director of Corporate Governance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Bryony Codd, Head of Corporate Governance

**Pwrpas yr Adroddiad  
Purpose of the Report**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The Health Board approved its current Standing Orders in July 2023.

In January 2025, Welsh Government issued amendments to the constitution, membership and procedures Regulations for NHS bodies.

The Local Health Boards, NHS Trusts and Special Health Authorities (Constitution, Membership and Procedures) (Miscellaneous Amendments) (Wales) Regulations 2024 came into force on the 20 January 2025.

Organisations have been directed by the Cabinet Secretary to make the necessary changes to their Standing Orders to reflect the changes.

**Cefndir / Background**

Standing Orders are designed to translate the statutory requirements set out in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779 (W.67)) into day to day operating practice, and, together with the adoption of a Scheme of Decisions reserved to the Board; a Scheme of Delegations to officers and others and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Local Health Board.

## Asesiad / Assessment

These Regulations amended the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009, The Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009, The National Health Service Trusts (Membership and Procedure) Regulations 1990 and The Health Education and Improvement Wales Regulations 2017.

The purpose of these amendments is to ensure consistency relating to:

- (i) The eligibility requirements for the chair, vice-chair and non-officer members/non-executive directors of the Board.
- (ii) The provisions relating to the appointment of officer members to boards of Local Health Boards.
- (iii) The arrangements for appointing the Trade Union Member to a board of Local Health Boards.
- (iv) The timescales for the publication of board and committee agendas and papers.

A summary of the amendments made to the Health Board's Standing Orders are provided as Attachment One. The revised Standing Orders are available on the following [link](#).

## Argymhelliad / Recommendation

The Board is asked to ENDORSE the amendments to the Standing Orders.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item.  Enabler
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance

Amcanion cydraddoldeb strategol Strategic Equality Objectives <a href="#">Strategic Equality Objectives 2020-24</a>	Choose an item. Choose an item. Choose an item. Choose an item.  Not applicable to this report
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	None
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
	<b>Is EIA Required and included with this paper No does not meet requirements</b>
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment</b> (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Choose an item. Choose an item.  Not applicable to this report

**Amendments to the Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards, NHS Trusts and Special Health Authorities following the making of the Local Health Boards, NHS Trusts and Special Health Authorities (Constitution, Membership and Procedures) (Miscellaneous Amendments) (Wales) Regulations 2024.**

The Local Health Boards, NHS Trusts and Special Health Authorities (Constitution, Membership and Procedures) (Miscellaneous Amendments) (Wales) Regulations 2024 came into force on the 20 January 2025.

These Regulations amended the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009, The Public Health Wales National Health Service Trust (Membership and Procedure) Regulations 2009, The National Health Service Trusts (Membership and Procedure) Regulations 1990 and The Health Education and Improvement Wales Regulations 2017. As a result, the following amendments are required to:

**1.1. Local Health Board Model Standing Orders**

**1. Eligibility requirements**

No amendments required

**2. Appointment of officer members**

**Section B – The Local Health Board: Membership of the Local Health Board**

*Amend the highlighted text within the following paragraph, from:*

1.1.1 The membership of the LHB shall be no more than 24 members comprising the Chair, Vice Chair, non-officer members (appointed by the Minister for Health and Social Services), Associate Members, the Chief Executive (appointed by the Board with the involvement of the Chief Executive, NHS Wales) and officer members (**appointed by the Board**).

*To:*

1.1.1 The membership of the LHB shall be no more than 24 members comprising the Chair, Vice Chair, non-officer

members (appointed by the Minister for Health and Social Services), Associate Members, the Chief Executive (appointed by the Board with the involvement of the Chief Executive, NHS Wales) and officer members (appointed by Non-Executive Members of the Board and the Chief Executive).

## **Section B – The Local Health Board: Officer Members [to be known as Executive Directors]**

*Amend the highlighted text within the following paragraph, from:*

1.1.3 A total of 9 (including the Chief Executive), appointed by the Board, whose responsibilities include the following areas: Medical; Finance; Nursing; Primary Care and Community and Mental Health Services; Strategic and Operational Planning; Workforce and Organisational Development; Public Health; Therapies and Health Science. Executive Directors may have other responsibilities as determined by the Board and set out in the scheme of delegation to officers.

*To:*

1.1.3 A total of 9 (including the Chief Executive), appointed in accordance with the Constitution, Membership and Procedures Regulations, whose responsibilities include the following areas: Medical; Finance; Nursing; Primary Care and Community and Mental Health Services; Strategic and Operational Planning; Workforce and Organisational Development; Public Health; Therapies and Health Science. Executive Directors may have other responsibilities as determined by the Board and set out in the scheme of delegation to officers.

### **3. Appointment of the Trade Union Member to Local Health Boards**

## **Section B – The Local Health Board: Non Officer Members [to be known as Independent Members]**

*Amend the highlighted text within the following paragraph, from:*

1.1.4 A total of 9, appointed by the Minister for Health and Social Services, including: an elected member of a local authority whose area falls within the LHB area; a current member or employee of a Third Sector organisation within the LHB area; a

trade union official; a person who holds a post in a University that is related to health; and five other Independent Members who together have experience and expertise in legal; finance; estates; Information Technology; and community knowledge and understanding.

*To:*

1.1.4 A total of 9, appointed by the Minister for Health and Social Services, including: an elected member of a local authority whose area falls within the LHB area; a current member or employee of a Third Sector organisation within the LHB area; a **nominated** trade union official; a person who holds a post in a University that is related to health; and five other Independent Members who together have experience and expertise in legal; finance; estates; Information Technology; and community knowledge and understanding.

#### **4. Publication of Board agendas and papers**

### **Section B – Meetings: Notifying and equipping Board members**

*Amend the highlighted text within the following paragraph, from:*

7.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least **10 calendar days** before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.

*To:*

7.4.3 Board members shall be sent an Agenda and a complete set of supporting papers at least **5 clear days** before a formal Board meeting. This information may be provided to Board members electronically or in paper form, in an accessible format, to the address provided, and in accordance with their stated preference. Supporting papers may, exceptionally, be provided, after this time provided that the Chair is satisfied that the Board's ability to consider the issues contained within the paper would not be impaired.

### **Section B – Meetings: Notifying the public and others**

*Amend the highlighted text within the following paragraph, from:*

7.4.7 Except for meetings called in accordance with Standing Order 7.3, at least 10 calendar days before each meeting of the Board a public notice of the time and place of the meeting, and the public part of the agenda, shall be displayed bilingually (in English and Welsh):

- On the LHB's website, together with the papers supporting the public part of the Agenda; as well as
- Through other methods of communication as set out in the LHB's communication strategy.

7.4.8 When providing notification of the forthcoming meeting, the LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc.

*To:*

7.4.7 Except for meetings called in accordance with Standing Order 7.3, at least 10 calendar days before each meeting of the Board a public notice of the time and place of the meeting, ~~and the public part of the agenda,~~ shall be displayed bilingually (in English and Welsh):

- On the LHB's website, ~~together with the papers supporting the public part of the Agenda;~~ as well as
- Through other methods of communication as set out in the LHB's communication strategy.

7.4.8 When providing notification of the forthcoming meeting, the LHB shall set out when and how the Agenda and the papers supporting the public part of the Agenda may be accessed, in what language and in what format, e.g., as Braille, large print, easy read, etc. ~~The agenda and papers will be made available to the public at least 5 clear days before each meeting of the Board.~~

<b>DYDDIAD Y CYFARFOD:</b>	26 March 2025
<b>CYFARFOD O: MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	<b>Working Together to help people live healthier, fairer, safer and stronger lives</b>
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Director of Public Health
<b>SWYDDOG ADRODD: REPORTING</b>	Director of Public Health

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)  
**Purpose of the Report** (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

The Director of Public Health (DPH) has a statutory requirement to produce an annual report. The DPH Annual Report is a vehicle for informing local people about the health of their community, as well as providing necessary information for decision-makers in local health services and authorities on health gaps and priorities that need to be addressed. The report can focus on any aspect of the local population's health and wellbeing.

**Cefndir / Background**

Between 2018-2022 1 in 3 deaths in Gwent happened prematurely. This report on some of the biggest diseases that cause preventable early mortality including:

- Cancer
- Cardiovascular Disease
- Diabetes

This year's report focuses on preventable early death in Gwent, written for both our residents as well as the NHS and partners. Capturing our journey to date in becoming a Marmot Region via our Building a Fairer Gwent work, we expand further on the local challenges around health inequalities and the impact this is having on health across Gwent.

This report will support an understanding of the Gwent picture around preventable early deaths, looking at what the key causes and contributors are, along with what

can be done to change the story to help our communities live as long as possible in the very best health possible.

### **Argymhelliad / Recommendation**

The Board is asked to RECEIVE the Director of Public Health's Report as a framework to drive change in continuing our work to reduce health inequalities across Gwent.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 1. Staying Healthy Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Older adults are supported to live well and independently Adults in Gwent live well healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Digital, Data, Intelligence
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Choose an item. Choose an item. Choose an item.

### **Gwybodaeth Ychwanegol:**

### **Further Information:**

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

### **Effaith: (rhaid cwblhau)**

<b>Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Not Applicable
• <b>Financial</b>	Not Applicable
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<p><b>No does not meet requirements</b></p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a></p>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	<p>Not Applicable</p> <p>Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives</p>

# Changing the story



## We are Gwent

Working together to help people live healthier, fairer, safer and stronger lives

## Director of Public Health Report

2024/25

## Contents

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### What is a Director of Public Health Annual Report?

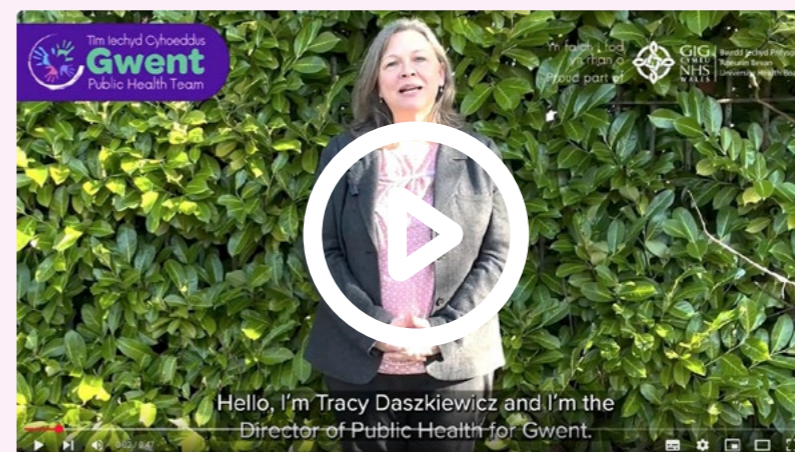
Every year all Directors of Public Health produce a report to tell a story about the health of the people and place they serve. These reports address a particular topic or population and brings to the fore what influences or impacts health and wellbeing locally in that area. These reports also set out what we could do together to improve our health and the lives of our families, friends and communities and the places we live in.



## 1. Foreword

**“This year we’re looking at what we can be doing to stop people in Gwent dying prematurely. Too many people are living with preventable illnesses and dying long before they should. We can do a lot about fixing that if we work together”.**

Here’s Prof Tracy Daszkiewicz, the Director of Public Health for Gwent, to explain a few things about this report and what we can all do to make a difference.



> Watch the Director of Public Health Report 2024/25 Introduction Video



**What would you say if I told you that 1 in 3 deaths in Gwent between 2018–2022 happened prematurely? 1 in 3 people dying earlier on average in Gwent than people from other areas across Wales?**

Right now, in Gwent, people are dying years younger than they should. For me, this is not ok. Everyone in Gwent should have the chance to live a long happy life and enjoy good health.

The good news is there's loads we can do about this, together. The biggest asset we have is each other. We are a place that is proud and we care about what is happening with our friends, family and neighbours.

To help us drive change, this report will highlight some of the biggest causes of premature death and what things lead to those causes and what we can prevent. We want to do all we can through visionary storytelling to help people across Gwent live well. To achieve this, I am delighted to be introducing 'The Bevans' who will be

bringing our public health stories to life to help the people of Gwent live healthily. You will also hear several patient stories throughout this report, of people with lived experience of how they have improved their lives through positive changes.

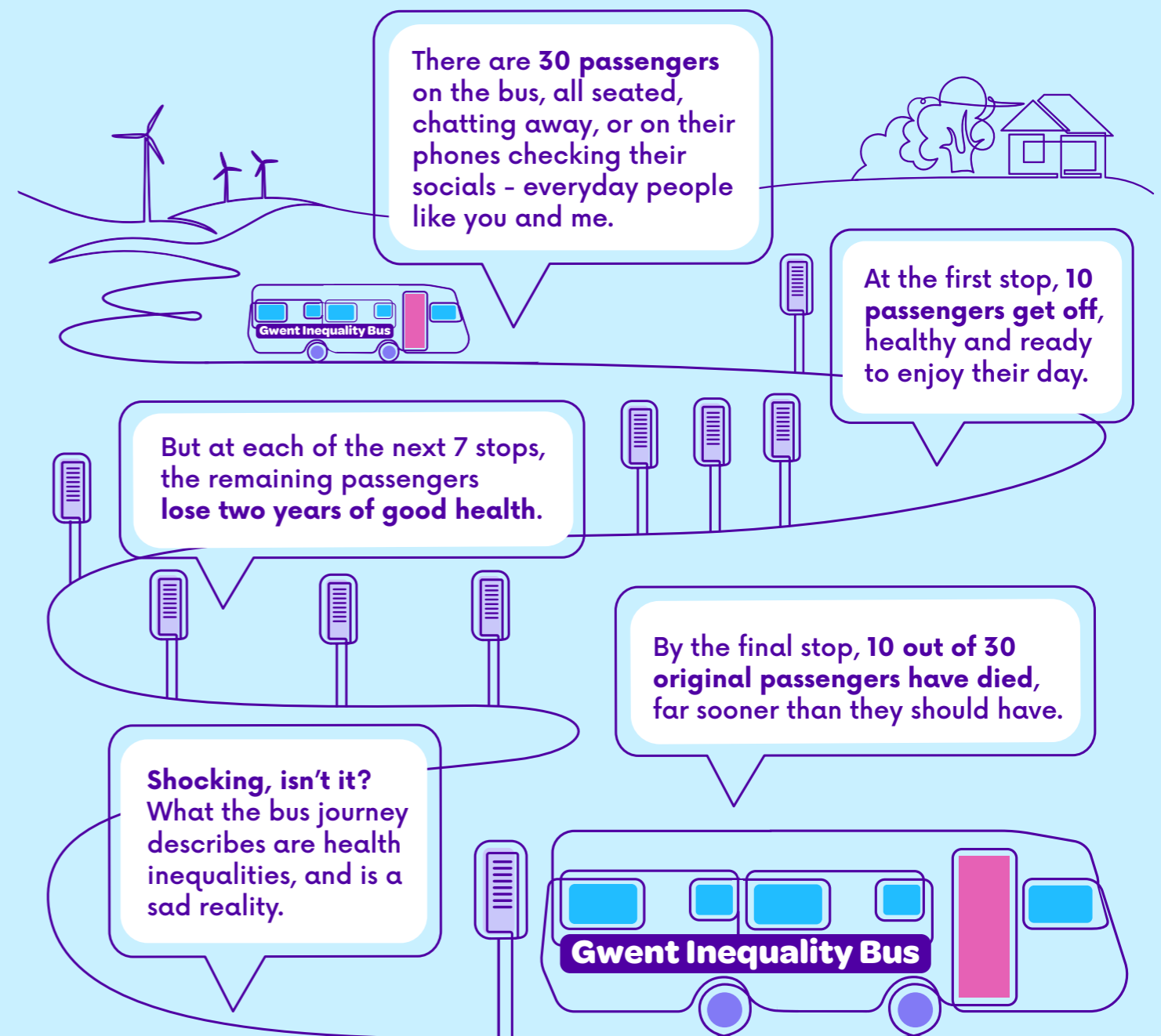
Finally, through the four key lenses, we will explore how we can work together to build **a healthier, fairer, safer and stronger Gwent for all.**



**Prof Tracy Daszkiewicz**  
Director of Public Health for Gwent

**2. Introduction**

Imagine you're on a bus travelling a circular route around Gwent on a busy Saturday morning...



**We need to understand these three big diseases: Cardiovascular disease, diabetes and late stage cancers.**

The simple fact is that people in Gwent are dying earlier from things we could prevent than in most of the other parts of Wales and some people are living years in poorer health and dying earlier in different parts of Gwent. The causes of their early deaths are down to a complex mixture of things - some of them about the places we live, some of them about what sort of lives we live, some of them are about getting information, help and proper support or care early including advertising and the types of food we have available to us locally as well as access to green spaces. If we can get things set out straight and we all get involved in how we live happy and healthier lives, we can do an awful lot about preventing those early deaths.

### Our areas of focus

In this report, we'll be looking at three big diseases that we need to understand if we want to tackle early, preventable deaths.



**Cardiovascular disease** which means a range of diseases affecting your heart and the veins and arteries.



**Diabetes** is a disease that happens when your body produces too little - or can't handle too much - insulin.



**Late-stage cancers** For most cancers if we get it detected early - "diagnosed" - we have a lot more options for treatment and much better chances of survival.

For all of these diseases, it's sometimes very complicated to explain the key personal, medical or social issues we need to be looking at. **Simply put, if we can prevent developing a disease altogether or get diagnosed and treated for it quickly, it's much more likely we will survive.**

We have to be honest. Most of us know that things such as smoking, drinking too much too often, poor diet and not being very active don't help us live a healthier life. We hear a lot about this in the media. What we don't tend to hear so much about is the background to how we live, where we live, the commercial factors such as advertising, and what chances we have as we grow.

Tackling poverty with good, well-paid work, decent housing, great education for our families, a safe and happy home life, getting some exercise, eating good food, cutting down or stopping the things that are harming us, stopping harmful advertising and planning our high streets to have less fast food outlets, access to information and understanding a little about our own and our family's health, the things that help us and the things that harm. These are the building blocks, the foundations for a long healthy life.

### Why are we focusing on preventable early deaths?

Looking at the causes of early deaths and working out how to prevent them is important because it highlights deaths that we could prevent happening until much later in people's lives. These are deaths that occur before the "average life expectancy" - the age we can reasonably expect to live to - due to causes that could be avoided through support to changes in lifestyle, better and earlier health and wellbeing education, easier access to better food and to safe spaces to be physically active, early detection of conditions to allow for more effective treatment and equal access to health and social care services and support for everyone in Gwent, regardless of where you live and what life you have lived so far.

The NHS is very often focused on treating sickness rather than trying to prevent it in the first place. With the recent change of UK Government, there has been a clear challenge to the NHS in England to fully embrace the "big 3 shifts" in the focus of the NHS and the wider society we live in:

- **From analogue to digital** - a call to embrace digital technology and information access for the community
- **Hospital to community** - a focus on trying to ensure that where possible and sensible we are meeting people's needs in the community before they need hospital care

- **Sickness to prevention** - a focus on preventing illness, conditions and diseases occurring, and where they are present avoiding them getting worse

In Wales, a recent Senedd process has been established to perform a similar review.

We know that for Gwent we have to change the way we work together. By focusing on preventing conditions that lead to early avoidable deaths, one way is to shift resources from treating hard-to-manage diseases and conditions that are already impacting people's lives. By promoting preventative care and early interventions, we are aiming to ensuring the "barn door is closed long before the horse decides to go run out of the stable".



### 3. The Gwent big picture – some of the causes of early deaths

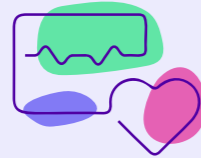
Earlier in the report you took a bus ride that demonstrated the current situation of health inequalities across Gwent. With a focus on cardiovascular disease, diabetes and cancer we take a deeper dive into the current picture across Gwent and look at some of the things that contribute to these diseases.



#### Prevalence Conditions

##### CVD

- An estimated **80% of cardiovascular disease** could be prevented by eating a healthy diet, taking regular exercise (30 minutes most days), avoiding smoking and low to moderate alcohol consumption. (World Heart Federation, 2024)
- As much as **80% of cardiovascular disease** (including stroke and heart attacks) could be prevented with regular physical activity, a healthy diet, not smoking and through regular blood pressure, cholesterol and blood sugar checks. (World Heart Federation, 2024)



##### Diabetes

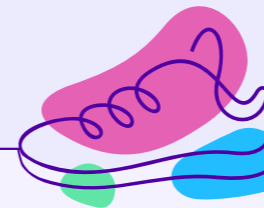
- Diabetes prevalence for all types for people aged 17 plus is highest in Wales with **8.7 people per 100,000**
- Diabetes causes the **second highest** number of extra deaths (after adjusting for age), coming right after heart failure and its complications
- Type 1 diabetes affects around **16,000 people** in Wales. This lifelong condition often diagnosed in childhood or as a young person



##### Diabetes

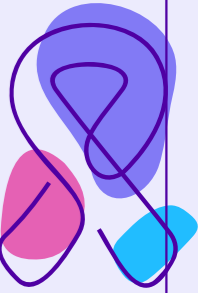


- The risk of type 2 diabetes can be **reduced by up to 53%** with the implementation of lifestyle changes such as increased physical activity, reduction in weight and dietary changes incorporating high fibre intake and low saturated fat intake. (Uisitupa et al, 2019)

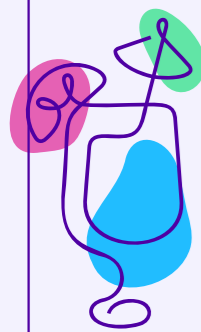


##### Cancer

- Between **30% and 50%** of cancers are preventable. (World Health Organization (WHO), 2024)
- Approximately **four in ten** cases of cancer in Wales are attributable to risk factors such as tobacco smoking, being overweight or obese, alcohol consumption and low physical activity. (Brown et al, 2018)



#### Prevalence Risk behaviours

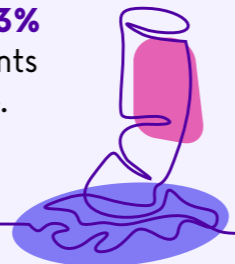


##### Alcohol

Of Gwent residents aged 16 years or older, **17%** reported an average weekly alcohol consumption over recommended guidelines (above 14 units per week; StatsWales, 2024)

##### Smoking

Approximately **13%** of Gwent residents 18 years+ smoke. (ONS, 2023)



##### Physical Activity

**36%** of those living in Gwent (aged 16+) were active for less than 30 minutes the week before being surveyed. (StatsWales, 2024)

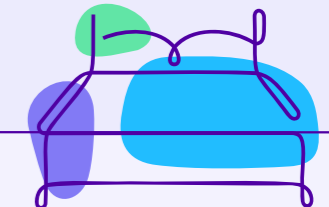


##### Nutrition

**76%** of Gwent residents (aged 16+) reported eating none or less than five portions of fruit and vegetables the previous day. (StatsWales, 2024)

##### Sleep

**Four in ten** people report not getting enough sleep (NHS recommends 7–9 hours of sleep each night) and one in five people report sleeping poorly most nights. (Public Health Wales, 2024)



#### Vulnerable cohorts

##### Age

**86%** of cancer diagnoses (all types) in Gwent during 2021 were in people aged 55 years or older – Public Health Wales Cancer Incidence data (2024)



##### Weight

**65%** of people 16 years+ living in Gwent are overweight, obese or severely obese. (BMI 25+; StatsWales, 2024)



**5%** of cancer cases in Wales in 2015 were linked to being overweight or obese. (Brown et al, 2018)

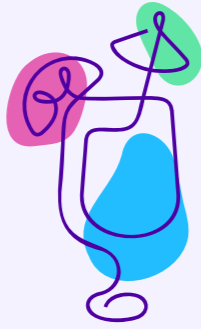
**80%** of people living in Gwent with type 2 and other types of diabetes (excluding type 1) have a BMI higher than the recommended range (25+; overweight, obese or severely obese - Quality Assurance Improvement Framework (QAIF) Registers (September 2024)



## 4. The Gwent big picture – prevention

### Alcohol

- The link between drinking habits and risk of almost all types of cancer is well established – higher alcohol consumption **increases risk** of cancer. (Jun et al, 2023)
- Keeping alcohol consumption within the recommended guidelines has been found to be **protective** against Type 2 Diabetes. (Karunaratna et al, 2024)



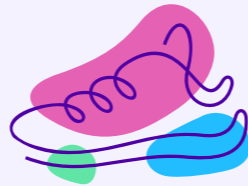
### Smoking

- Tobacco smoking contributes to as many as **16%** of cancer cases in Wales (Brown et al, 2018)
- Smoking tobacco can increase the risk of developing type 2 diabetes by **30–40%** compared to those who do not smoke. (London Tobacco Alliance, 2024)



### Physical Activity

- Increased levels of physical activity may reduce the risk of several cancers (including bladder, breast and colon cancers) by as much as **20%**. (McTiernan et al, 2019)
- Maintaining physical activity within the recommended guidelines of **150 minutes per week** reduces the risk of type 2 diabetes by preventing insulin resistance – including in those who are considered at high risk of type 2 diabetes. (Arsenault and Després, 2023)



### Nutrition

- Of four cancer types studied (breast, colorectal, lung and prostate), eating fruit and vegetables was found to be **protective** against these cancers. (Ubago-Guisado et al, 2021)
- The risk of developing type 2 diabetes can increase by as much as **31%** in those who eat high levels of ultra-processed foods. (Delpino et al, 2022)



### Waist size

- Men with a waist size of 94cm/37 inches more and women with a waist size of 80cm or more are at a **greater risk** of coronary heart disease, stroke, type 2 diabetes and some types of cancer. (NHS, 2023)



### Stress

- Chronic stress has a direct physiological **impact** (immune system regulation, increased blood pressure) and indirect impact through unhealthy behaviours (poor diet, smoking, excessive alcohol consumption) which are risk factors associated with type 2 diabetes and cardiovascular disease. (Osborne et al, 2020)

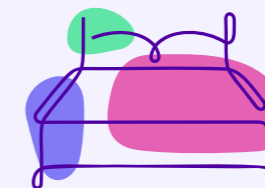


### Screening

- Cancer screening saves lives: Detecting cancer in the early stages **increases the chance of successful treatment**. (Cancer Research UK, 2024)

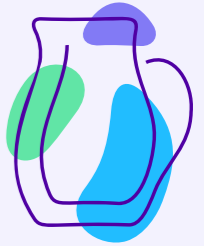
### Sleep

- Less than 7 hours of sleep per night has been linked to a range of **damaging health outcomes** such as cardiovascular disease, worsening of asthma, disruption to the immune system and many others. (Liew and Aung, 2021)



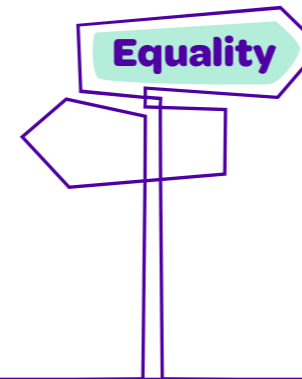
### Hydration

- Drinking plenty of water has been found to **reduce the risk** of developing type 2 diabetes. (Janbozorgi et al, 2021)
- Staying well hydrated throughout our lives has been found to **reduce risk** of heart failure and slow the decline of the cardiovascular system. (Dmitrieva et al, 2022)



### Loneliness & Isolation

- Loneliness can have a profound impact on our mental wellbeing with an **increased risk** of conditions such as depression. (Brook view Wellness, 2024)
- Believed to be closely linked to the effects of stress on our bodies, people reporting loneliness have been found to be at a **higher risk** of cardiovascular disease, cancer, type 2 diabetes and many other chronic illnesses. (Meng et al, 2024)



### Continuing our journey to Build a Fairer Gwent as a Marmot Region

We knew that to create the Gwent we all want to see, we need the right building blocks in place. Good jobs, good pay, quality housing and great education. We also need to take action to consider advertising and reduce fast food outlets, especially near our schools - This is called the commercial determinants of health. These building blocks give people something solid. Proper foundations for them, their families and the communities they live in. Foundations to help them stand up to life's shocks and challenges. We already knew that we lived in an unequal society and now we know that things have got worse.



> Why we are a Marmot Region

Together with the NHS, local authorities and other partners, Gwent committed to "changing the story" in 2022 by coming together as a Marmot region to tackle health inequalities across its communities to [build a fairer Gwent for all](#). As part of this work we adopted the eight Marmot Principles.

### The Marmot Principles are:

1. Give every child the best start in life
2. Enable all children, young people, and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill-health prevention.
7. Tackle racism, discrimination, and their outcomes.
8. Pursue environmental sustainability and health equity together.

The eight Marmot Principles, based on the work of Sir Michael Marmot, are a sign of our long-term commitment to reducing *health inequalities*, improving *health outcomes* and changing the story for people in Gwent.

The Marmot Principles help us understand the actions we need to take to respond to the problems we face across Gwent. This will re-focus and accelerate progress toward reducing the root causes of health and wellbeing and the related inequalities that we can find across our communities. The Marmot principles support the direction of travel we need to set.

Essentially, we want to work together to build a healthier, fairer, safer and stronger communities. This will make Gwent more equal and a happier place to live. We need to ensure equality of access for everyone who needs support. To prevent people from dying earlier than they should, we need to fix the gaps and make sure everyone has access to a stable job, quality housing, and a good education. Giving everyone in Gwent a fair chance to experience their best possible health, no matter their background, income or circumstances.

### Children and Young People: Our Voice

The 2023 Director of Public Health Report, [Our Future, Our Voice: Babies, Children and Young People of Gwent](#) highlighted the work we needed to do to build a **Healthier, Fairer, Safer, Stronger** Gwent by listening to our children and young people.

One thing we need to remember is that as we grow and develop from baby to child, teenager, onwards into adulthood and older ages, we need different things, and it is important we make sure we help people stay healthy at every stage of their life.

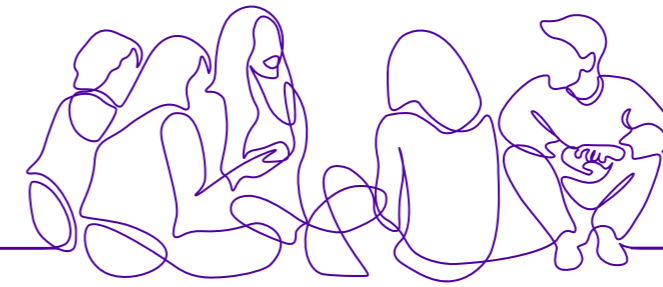
### It's time to change the course of the bus

As parents, grandparents, family, friends, professionals and anyone across Gwent, we have to change the story of the bus ride of inequalities. We can't live in a world where we allow our children to get on that bus. Let's ensure that the younger generation and the next generations that follow, are given every opportunity to grow up without any of the limitations and impacts from inequality that we often face.

Preventing diseases like cardiovascular disease, cancer, and diabetes through lifestyle interventions, screenings, and education is essential. More is also needed on the

factors that impact our health, such as trauma, poor housing, air quality, poverty, advertising and loneliness. It helps people avoid years of avoidable illness, suffering, and early deaths. We need to start this work much earlier to ensure that the next generation understand more about their health and to grow in a place which enables good health and wellbeing and wellbeing so that they can avoid many of these conditions all together. But we also have to recognise the collective responsibility we have to ensure that everyone has the best opportunities to enjoy good health.

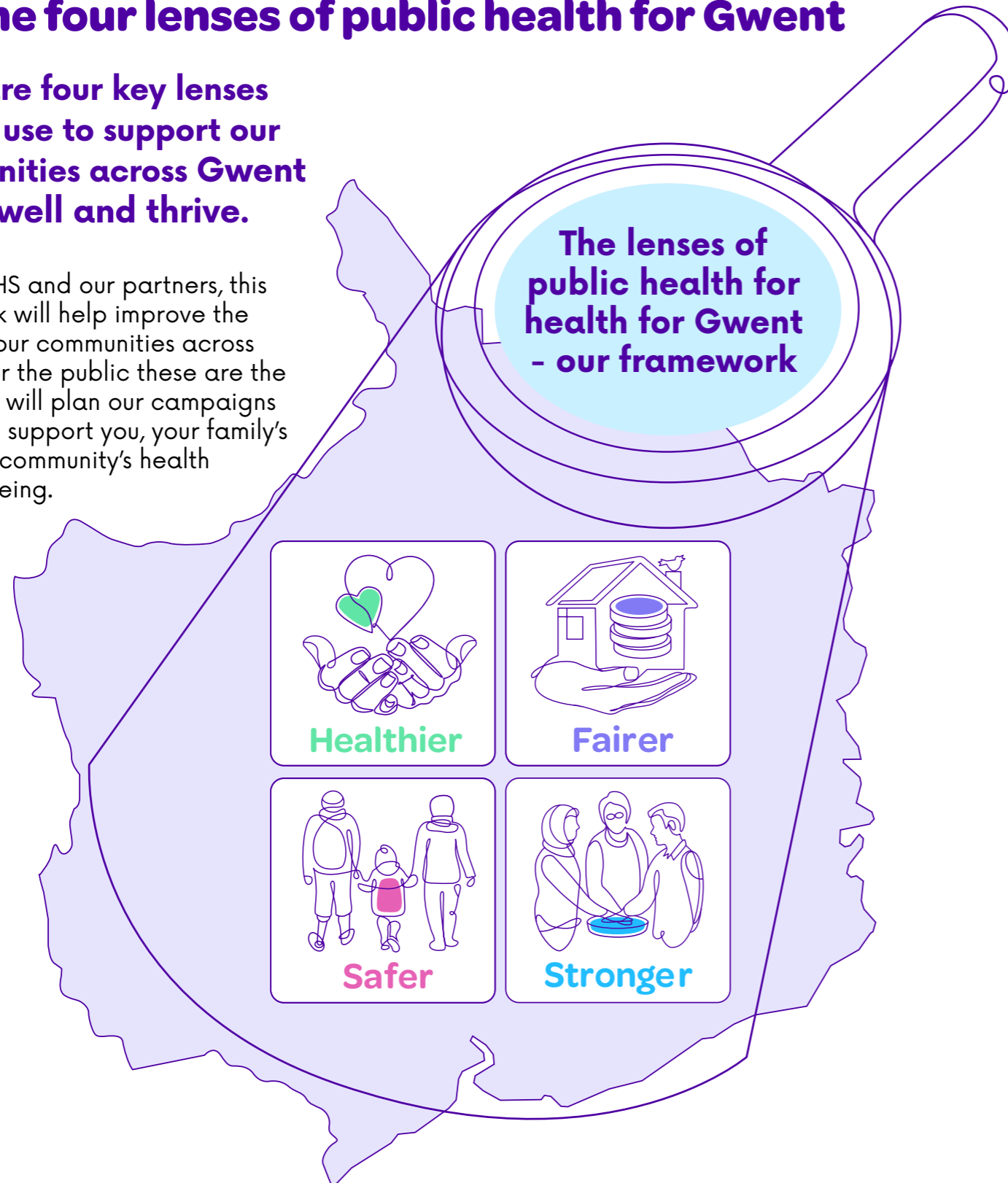




## 5. The four lenses of public health for Gwent

There are four key lenses we will use to support our communities across Gwent to live well and thrive.

For the NHS and our partners, this framework will help improve the health of our communities across Gwent. For the public these are the areas we will plan our campaigns around, to support you, your family's and your community's health and wellbeing.



### Healthier

A community where individuals experience great physical, mental, and social well-being, not just the absence of disease or illness. Looked at this way, health is viewed 'holistically', that is it links social, environmental, and economic factors to try to promote longer, more fulfilled lives.

### Fairer

A community where everyone has a fair opportunity to achieve their full health potential, regardless of their socio-economic status, race, gender, disability or other characteristics. A fairer population is achieved through a focus on justice, equality and accessibility, and inclusion. Looked at this way the barriers and inequalities we face are minimised, resources are distributed fairly in a way that ensures that there is a fair share for everyone who needs it, and the unique needs of different groups, particularly those who are disadvantaged, are being met.

### Safer

A community where individuals are protected from preventable risks, whether from environmental, social, or personal vulnerabilities. Looked at this way, we want to ensure that we are protecting the health of our community and working in a 'trauma informed way' in the fullest sense of the term. We want to reduce the numbers, impacts and after effects of accidental and deliberately inflicted injuries and harm – including

domestic abuse and self-harm. We also want to concentrate on tackling crime and creating safer places for people to live. We want to limit the spread and impact of infectious diseases, and other community health threats, creating environments that support physical, mental, social and personal safety.

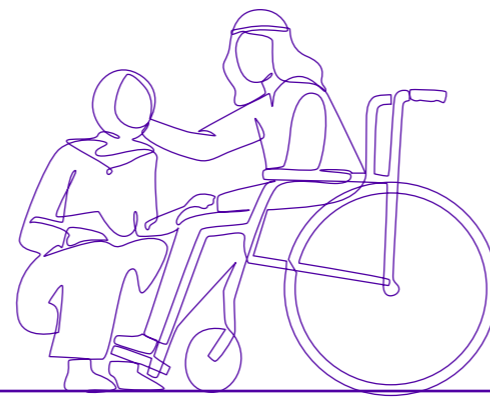
### Stronger

A community that is collectively resilient, connected, and empowered to support the health and well-being of all its members. A strong community is built on shared responsibility, collaboration, and appropriate access to the resources necessary to thrive. Individuals in a strong community are not only physically healthy but are supported by a network of relationships, systems, and resources that foster collective well-being, resilience, and long-term health sustainability.

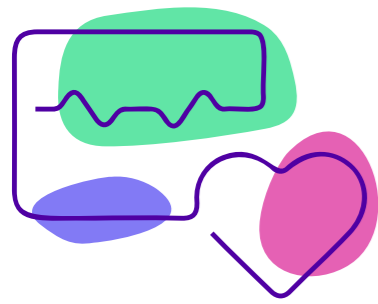
### What we can do to change the story on early preventable deaths

Three of the largest causes of early preventable deaths are **cardiovascular diseases, diabetes, and late diagnosis of cancer**. In the next section we are going to explore what these actually are and how they are affecting Gwent.





## 6. What is cardiovascular disease?



**Cardiovascular disease (CVD) is a group of conditions that affect the heart and blood vessels (veins and arteries). This includes problems like heart attacks, strokes, high blood pressure, and heart failure.**

### What can contribute to CVD?

Common risk factors that contribute to CVD are; high cholesterol, smoking, obesity, diabetes, and a lack of exercise. Many of these conditions can be prevented or managed with lifestyle changes, medication, and sometimes surgery.

### What is the local picture?

Wales has one of the highest rates of CVD in the UK, which significantly raises the number of people dying earlier than they should and impacts communities, families and individuals suffering from CVD, but also the public health and the healthcare systems trying to help them.

- Heart and circulatory diseases cause more than one in four (27 per cent) of all deaths in Wales, or around 9,600 deaths each year - that's an average of 26 people each day.

- Heart and circulatory diseases kill 5,200 men and 4,400 women in Wales each year.
- Around 2,700 people under the age of 75 in Wales die from heart and circulatory diseases (CVD) each year.
- **Men are more likely to get CVD earlier than women and the older you are, the more likely you are to get CVD**
- **In April 2023, it was estimated that 10% of people registered with a Gwent GP Practice had a CVD diagnosis (approximately 62,700 people; British Heart Foundation, 2024)**

### What can we do to change the story?

**Knowledge is key - Have a blood pressure check.**

You can typically have this done with your GP or some local pharmacies.

**Having blood pressure monitored is crucial in managing and preventing CVD.** Blood pressure is a key indicator of heart health, as high blood pressure (hypertension) puts extra strain on blood vessels and the heart itself, leading to increased risks of heart attack, stroke, and other cardiovascular complications.

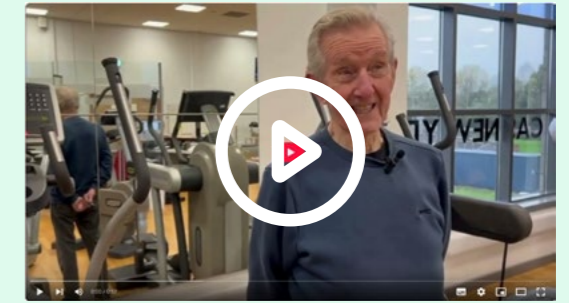
Even moderately higher blood pressure can damage arteries over time, causing them to stiffen, narrow, or clog, which restricts blood flow to critical organs.

By regularly tracking blood pressure, potential issues can be detected early, allowing for timely interventions, such as lifestyle changes or medications, which can significantly reduce CVD risks.

Blood pressure management is one of the most effective steps toward maintaining long-term cardiovascular health, and improving overall well-being and quality of life.

### CVD Video

Hear from some of our community members across Gwent on their CVD diagnosis and what they are now doing to stay well.



### Small Steps

#### CVD

**Some small steps you can do if...**

#### 1. Why not give 'Try Dry' a go?

Lowering your alcohol consumption can really help reduce your risk and will also help you sleep well, have more energy and reduce your calories

#### 2. Know your Numbers: Visit a local pharmacy or GP to check your blood pressure

#### 3. Learn how to manage stress [Managing Feelings of Stress | Mental Health & Wellbeing Help](#)

#### 4. Do you smoke? Why not visit [Helpmequit.wales](#) for free support to quit





## 7. What is diabetes?



**Diabetes is a condition where your blood glucose/sugar level is too high. Glucose can't get into your cells properly, so it begins to build up in your blood and too much glucose in your blood causes different problems. There are many types of diabetes, a few of which are preventable.**

- **Type 1 diabetes** is not preventable; the body doesn't make any insulin at all. Good condition management for type 1 diabetes is critical for preventing complications that can lead to early death. With proactive, preventative strategies, individuals with type 1 diabetes can avoid serious, life-threatening complications and maintain a high quality of life. Routine screening such as eye exams, kidney function tests and foot exams all reduce the risk of complications.
- **Type 2 diabetes** is where the body can't produce enough insulin, or the insulin can't work effectively. People with a high BMI have an increased risk of developing Type 2 Diabetes. People from Black African, African Caribbean and South Asian (Indian, Pakistani, Bangladeshi) backgrounds are at a higher risk of developing type 2 diabetes from a younger age.
- **Gestational diabetes** is diabetes that can develop during pregnancy. It affects women who haven't been affected by diabetes before. It usually goes away again after giving birth.

It is usually diagnosed from a blood test 24 to 28 weeks into pregnancy. It's not always possible to prevent gestational diabetes, but there are some things you can do to reduce your risk. This includes getting support to manage your weight, eating healthily and keep active before and during pregnancy.

### How does diabetes cause early preventable death?

High blood sugar levels over time can lead to other health problems like heart attacks and strokes which can be fatal, as well as problems with your eyes, kidneys, and feet.

### What can contribute to diabetes?

The main things that contribute to type 2 diabetes are:

- Living with obesity or overweight.
- Having an unhealthy waist size for your gender or ethnicity.
- Excess fat around the liver and pancreas, which can affect people of any weight.

- Other risk factors including high blood pressure, age, ethnicity, and family history.

### What is the local picture?

- 43,765 people registered with a GP Practice in Gwent (7% of all registered patients) are living with Type 2 or gestational diabetes
- Diabetes prevalence for all types in Wales for people aged 17 plus is highest in Wales with 8.7 people per 100,000

### What can we do to change the story?

#### Early Warning Signs

Prediabetes is where some people may have a blood sugar level that is higher than usual, but not high enough to be diagnosed with type 2 diabetes. This means you're at risk of developing type 2 diabetes.

#### There are an estimated 18,000 people in Gwent that are prediabetic.

The chances of developing type 2 diabetes can be lowered by eating a healthy diet, maintaining a healthy weight and being active regularly and this can be different for everyone. This makes it easier for the body to manage blood sugar levels and helps prevent insulin resistance, which can lead to type 2 diabetes.

## Diabetes Story

Hear from some of our community members across Gwent on their diabetes diagnosis and what they are now doing to stay well.



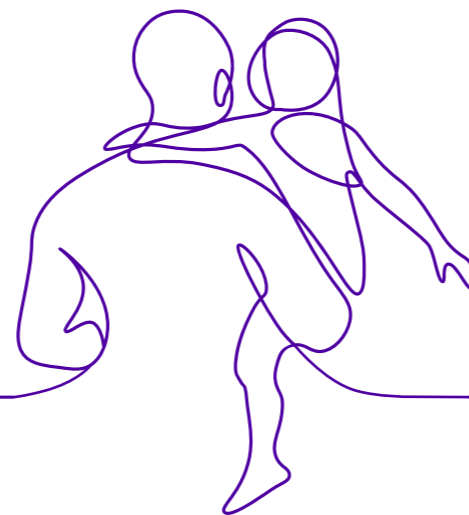
## Small Steps

### Diabetes

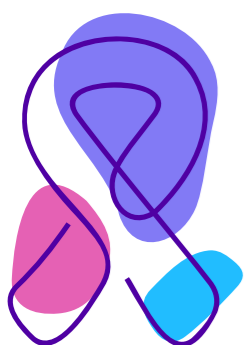
#### Some small steps you can do if...

1. **Know your risk:** Visit [Diabetes UK – Know Your Risk of Type 2 diabetes](#)
2. **Try get 30 minutes of exercise** – Move every day- enough to raise your heart rate, breathe faster and feel warmer. Build it up slowly and aim to get to [at least 150 minutes a week](#)
3. **Swap sugary drinks and snacks** [for fruit, nuts and seeds, unsweetened drinks](#)
4. **Keep a food diary** so you can understand your diet, then look to see what small swaps you can make for more of what you need like vegetables, wholegrains and nuts





## 8. What is cancer?



**Cancer starts when gene changes make one cell or a few cells begin to grow and multiply too much, this may cause a growth called a tumour. Some cancers may eventually spread into other parts of the body. Most cancers start due to gene changes that happen over a person's lifetime. One of the big things we want to highlight is what we can do to reduce the risk of preventable cancers the challenge with late-stage cancer diagnosis.**

### Why is late-stage diagnosis such a problem?

Late cancer diagnosis plays a big role in preventable early deaths in Gwent. Late-stage cancers are often harder to treat, making early detection important. When cancer is found late, it can lead to higher death rates and more severe symptoms, which reduce quality of life and can also affect mental health. Early diagnosis could make treatments more effective and improve overall well-being.

### What can contribute to cancer?

Cancer is often related to risk factors like high cholesterol, smoking, obesity, diabetes, and a sedentary lifestyle.

### What is the local picture?

**There are more than 200 different types of cancer and 1 in 2 people in the UK will get cancer in their lifetime.**

- Six people per 1,000 living in Gwent were diagnosed with cancer in 2021. Over a three year period (2019–2021), 44% of cases were diagnosed at a later stage (stages 3 or 4).
- **In Wales, cancer is the main cause of lost healthy years, making up 19% of all years lost due to early death or disability.**

### What is the connection between cancer and health inequalities?

Certain communities in Gwent may experience higher rates of late diagnosis due to financial and social circumstances, access to healthcare, and education. This

increases health inequalities and leads to more preventable deaths.

Late-stage cancers often need more intense exhausting and uncomfortable treatments, putting extra pressure on individuals and the families that seek to care for them and the available health and care services in an area.

### What can we do to change the story?

#### Checking symptoms early with a healthcare professional

The most common cancers diagnosed late often show no symptoms or only mild ones that are easy to miss or mistake for less serious conditions. While symptoms can have many causes and don't always mean cancer, it's important to see a healthcare professional if they persist. Catching cancer early can greatly improve treatment and outcomes.

People can also reduce their risk of cancer by taking preventive steps and thinking about the things they do in their day-to-day life. Simple steps such as maintaining a healthy diet, quitting smoking, reducing alcohol intake, using sun cream as well as keeping up to date on vaccinations – such as the HPV vaccination – all will help reduce your risk.

### Cancer Video

Hear from some of our community members across Gwent on their cancer diagnosis and what they are now doing to stay well.



### Small Steps

#### Cancer

**Some small steps you can do if...**

1. **Keep up to date** with recommended screening tests: [Screening - Public Health Wales](#)
2. **Be smoke free** - Why not visit [Helpmequit.wales](#) for free support to quit
3. **How much alcohol do you drink a week?** You can [calculate the units and calories in your drinks](#) or [take a quiz on your alcohol intake](#). If you would like free, local support with cutting down or cutting out alcohol, contact [GDAS](#) on 03339993577.
4. **If the sun is out use sun cream** and think about finding shade



## 9. We are Gwent - let's change the story for Gwent, together

We can all play a part in preventing early preventable deaths in Gwent, whether members of the public, NHS professionals, local authorities, emergency services and voluntary organisations. We can all make today the day when we start to change the story for Gwent and help our communities live long and live well. In this section we will talk about how we can take action to drive change.

### Coming in 2025: Meet the Bevans

They navigate real-life health challenges that mirror the ones our Gwent communities face every day.

Their stories are inspired by you, weaving in local experiences to make the Bevans truly feel like part of Gwent. As they navigate their journeys, they'll shine a spotlight on key public health challenges and share practical ways to live healthier and happier lives.

Keep an eye out—The Bevans are arriving in Gwent soon! Want to know more? Email [Scott.Wilson-Evans@wales.nhs.uk](mailto:Scott.Wilson-Evans@wales.nhs.uk)

### Take control of your own story

**We want you to live as long as possible in the very best health.** It isn't about completely changing your life, but taking control of your health and taking small steps in your everyday life to feel good. Join the Bevans **'Small Steps Challenge'**. The Bevans are all trying things to make positive changes to reduce their risk. Start with 1, see how you get on, and when you are ready, try another.





## 10. Small steps for big change

To find out more visit: [Five Ways to Wellbeing | Help with your Mental Health and Wellbeing \(melo.cymru\)](#).

**Small, positive changes can make a big difference in reducing the risk of early, preventable deaths.**

Simple actions can make a big difference if we know what we can do and we have the ability and motivation to take up the advice and use the information we are given and encouraged to:

### Small Steps

Supporting people to take small steps can add up over time, leading to more energy and better health.

These small steps are easier to keep up and build confidence, making healthy habits last.

By focusing on manageable changes, we're more likely to stick with them and build a foundation for a healthier, happier life.



### Small steps to: Connect

- Reach out to someone we haven't spoken to for a while.
- Ask for help when you really need it.
- Go down to the park and throw or kick a ball around.
- Join a local club to meet new people; painting, rugby, gardening - whatever interests you.

### Small steps to: Be Active & Healthy

- Keep a food diary to help you understand your diet so you can plan meals and make sure you are getting a good balance of what you need.
- Take the dog for a walk with a friend.
- Join a local fitness group like your local Parkrun - You can walk, run or jog.
- Try a local dance or fitness class.
- Know your numbers - Pop down to your local pharmacy or GP and get a blood pressure check.
- Drink an extra glass of water!
- Eat fruit instead of sugary or salty snacks.
- Take the stairs instead of the lift.
- Leave the car at home and take a gentle stroll to the shop.

### Small steps to: Take Notice

- Switch off the socials and put down the phone.
- Spend some time thinking about your life and the things you are changing and achieving mindfully!
- Take a walk through your local woods or park - How many birds can you spot?

### Small steps to: Keep Learning

- Be looking for new opportunities and carry on learning.
- Try a new course or class at your local community centre.
- Why not try a new language? Welsh, French, Greek - the possibilities are endless.
- Research your family tree and learn more about your own history.

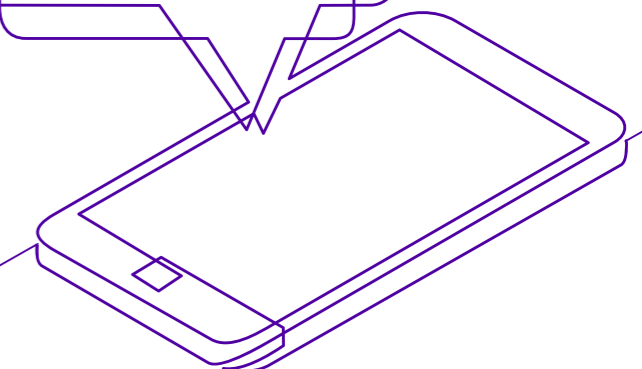
### Small steps to: Give

- Check in with each other to see how people are getting along.
- Volunteer or help out in the place where you live.
- Got some old books, clothes or items? Give them to a local cause.

Supporting people to take small steps can add up over time, leading to more energy and better health. These small steps are easier to keep up and build confidence, making healthy habits last. By focusing on manageable changes, we're more likely to stick with them and build a foundation for a healthier, happier life.



melo.cymru



## 11. My final thoughts

Thank you for reading this year's Director of Public Health report. We started by asking ourselves what we would say if 1 in 3 deaths in Gwent happened prematurely. We must now ask ourselves, what will we do about it?

We could say it is too complicated. However, let's choose to say: *Enough is enough!*

Enough for families devastated by illnesses we can prevent, enough for the lives cut short and enough inequalities determining our life expectancy and quality of life. The question is, *are we doing enough?*

The purpose of this report has been to shine a light on the inequalities and inequities which lead to early, avoidable death.

With Gwent being a Marmot Region, one of the most important books I have read in my career is *The Health Gap* by Sir Michael Marmot, he explains the complex influences which impact on our health and how good health is not experienced equally.

Sir Marmot talks about what we call the wider determinants of health, where education and jobs and houses and spaces and connections all play a role in our health. This means that we need to consider health in a social, cultural, environmental, commercial, and economic context and think about the causes of the causes of unequal health.

If we want to create an 'Equality Bus' we need to think differently and not see health services as the only contributor to health. Sir Marmot calls this out in *The Health Gap*, **stating that there is no point treating people just to return them to the environment which made them sick in the first place.**

This year's report starts a conversation, a new kind of conversation, where we move away from a focus on illness, blame and stigma, and instead to talk about what will keep people well, and how do we create the environment that enables this together.



### What we need to do

We've now said enough is enough, it is time for us to make the change to put a stop to early avoidable death. Below we outline a number of actions that would contribute to driving this change for Gwent:

#### Focus on prevention

- We need to do more to prevent ill health in the first place, recognising that the effects of smoking prevalence, obesity rates, air quality, excess alcohol are experienced more in areas of deprivation. Understanding these risk factors are important however we also need to think differently in understanding the causes of the causes.

### A multi-agency approach to public health

- We know that well evidenced public health practice can make a real difference to the health equity and improve health and wellbeing. We need to ensure that we are using good evidence alongside listening to our communities to ensure that we are doing the things which will make a difference. This will require a multi-agency and community approach.

### Explore early interventions

- Identifying risk factors early can help prevent or reduce the escalation of harm. Preventing type 2 Diabetes, Cardiovascular disease including stroke and heart attacks, being body aware and acting on changes as well and participation in screening programmes can all contribute to earlier intervention and better outcomes.

### Making a generational change for our babies, children and young people

- Ensuring every child has the best start in life is vital for lifelong health. Instead of stigmatising childhood obesity, we must create healthy environments by challenging planning decisions, designing healthier high streets, and limiting access to ultra-processed, high-fat, and high-sugar foods near schools.

### Changing the conversation around weight

- Fat shaming and judgement is extensive. Language such as 'lifestyle choice' is damaging and inaccurate when we know 'choice' is not equally distributed. We need to recognise weight is a more complicated equation than calories in and energy out. Factors such as socio-economic factors, education, employment, networks, migration, stress, illness, genetics, food poverty, types of food available, marketing and trauma, all play a huge part in being able to maintain a healthy weight.

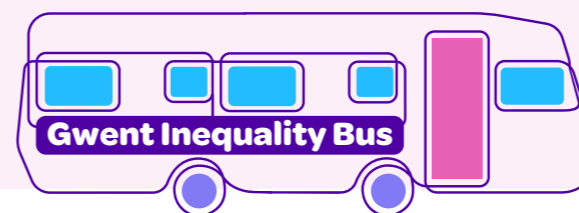
### Taking a targeted approach

- We see higher levels of avoidable illness present differently is different genders, ethnic groups, and ages. We need to understand this so we can target interventions. Inequalities are unfair and unacceptable. Good health should not be determined by where you were born. Everyone has the right to good health.

We started this report with a ride on the inequalities bus, we now need to change the route. Together we can ensure that everyone in Gwent can live healthier, fairer, safer, stronger lives for generations to come.



**Prof Tracy Daszkiewicz**  
Director of Public Health for Gwent.



## Thank you

It takes many people to create a Director of Public Health report, and we would like to extend our thanks to:

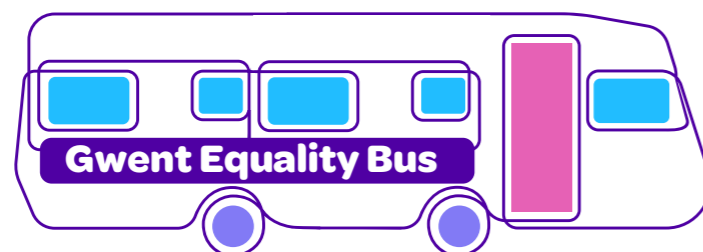
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### Our Patients and Community Members

John | Jan | Ken | Bryn | Keith

### Scarlet Design International Limited



A Healthier,  
Fairer, Safer and  
Stronger Gwent

### Helpful Websites:

British Heart Foundation: [Heart & Circulatory Disease Statistics 2024 - BHF](#)

Cancer Research UK (cancer screening): [What is cancer screening? | How does cancer screening work? \(cancerresearchuk.org\)](#)

London Tobacco Alliance: [Smoking and Diabetes in London: Understanding the Facts](#)

NHS (obesity and waist size): [Obesity - NHS](#)

Office for National Statistics: [Smoking habits in the UK and its constituent countries - Office for National Statistics](#)

Public Health Wales (Sleep): [Sleep - Public Health Wales \(nhs.wales\)](#)

Public Health Wales (Cancer): [Cancer incidence - Public Health Wales \(nhs.wales\)](#)

Stats Wales: [Adult lifestyles by local authority and health board, 2020-21 onwards \(gov.wales\)](#)

Stats Wales: [Disease registers by local health board \(gov.wales\)](#)

World Heart Federation: [CVD Prevention | What We Do | World Heart Federation \(world-heart-federation.org\)](#)

World Health Organisation: [Preventing cancer \(who.int\)](#)

### Interesting Research:

Alcohol and Cancer: [Cancer risk based on alcohol consumption levels: a comprehensive systematic review and meta-analysis \(e-epih.org\)](#)

Alcohol and Health: [Unraveling the Complex Relationship Between Alcohol and Cancer Risk: Effects of Alcohol on Health](#)

Hydration and Cardiovascular Disease: [Middle age serum sodium levels in the upper part of normal range and risk of heart failure - PubMed \(nih.gov\)](#)

Hydration and Type 2 Diabetes: [Water intake and risk of type 2 diabetes: A](#)

[systematic review and meta-analysis of observational studies - ScienceDirect](#)

Loneliness and Health: [The Loneliness Epidemic: Understanding Its Impact on Health and Wellness - Brookview Wellness](#)

Loneliness and Health: [The silent epidemic: exploring the link between loneliness and chronic diseases in China's elderly | BMC Geriatrics | Full Text \(biomedcentral.com\)](#)

Modifiable Risk Factors in Cancer: [The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015 | British Journal of Cancer \(nature.com\)](#)

Nutrition and Cancer: [Evidence Update on the Relationship between Diet and the Most Common Cancers from the European Prospective Investigation into Cancer and Nutrition \(EPIC\) Study: A Systematic Review - PubMed \(nih.gov\)](#)

Nutrition and Type 2 Diabetes: [Ultra-processed food and risk of type 2 diabetes: a systematic review and meta-analysis of longitudinal studies - PubMed \(nih.gov\)](#)

Physical activity and Cancer: [Physical Activity in Cancer Prevention and Survival: A Systematic Review - PMC \(nih.gov\)](#)

Physical activity and Type 2 Diabetes: [Physical Activity for Type 2 Diabetes Prevention: Some Is Better Than None, More Is Better, and Earliest Is Best | Diabetes Care | American Diabetes Association \(diabetesjournals.org\)](#)

Prevention of Type 2 Diabetes by Lifestyle Changes: [Prevention of Type 2 Diabetes by Lifestyle Changes: A Systematic Review and Meta-Analysis \(mdpi.com\)](#)

Sleep and Health: [Sleep deprivation and its association with diseases- a review - ScienceDirect](#)

Stress and Health: [Disentangling the Links Between Psychosocial Stress and Cardiovascular Disease | Circulation: Cardiovascular Imaging \(ahajournals.org\)](#)

If you need information from this report in a different format please email [Scott.Wilson-Evans@wales.nhs.uk](mailto:Scott.Wilson-Evans@wales.nhs.uk)

This report is available online at: [abuhb.nhs.wales](http://abuhb.nhs.wales)

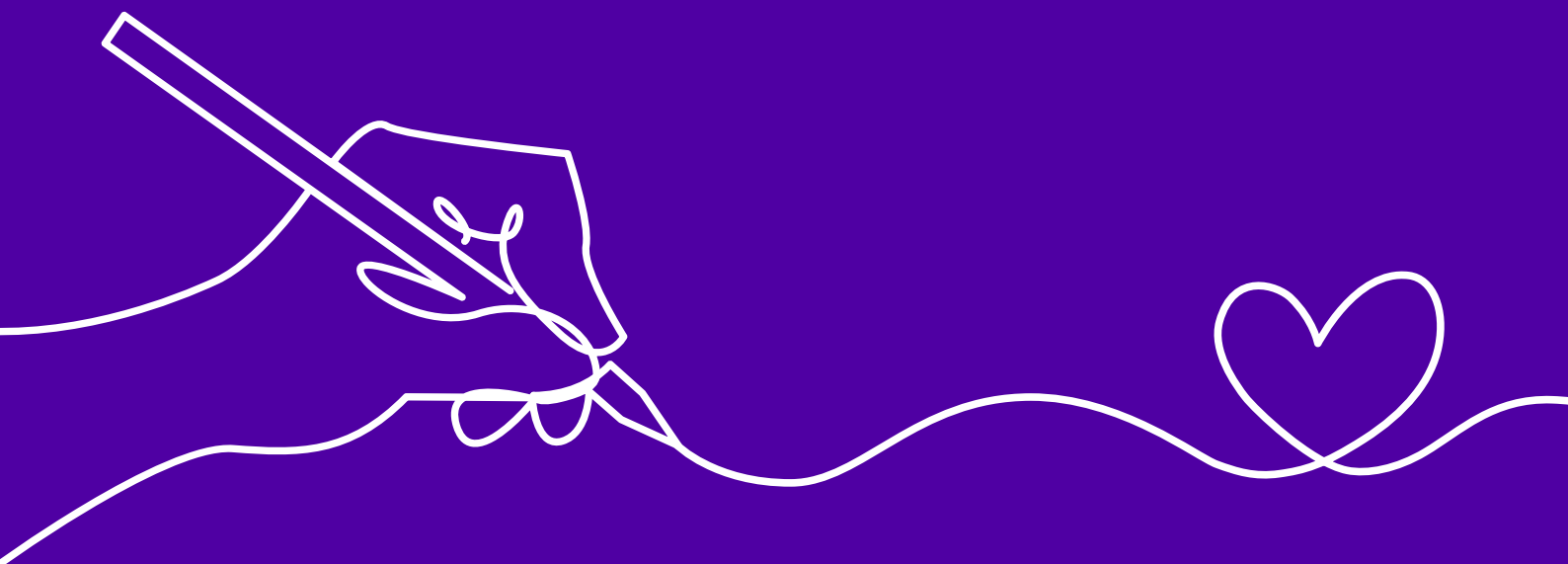
Further information on key data used is available at: [abuhb.nhs.wales/health-advice/gwent-joint-strategicassessment](http://abuhb.nhs.wales/health-advice/gwent-joint-strategicassessment)

We welcome feedback about our annual report.

If you have any comments please email [Scott.Wilson-Evans@wales.nhs.uk](mailto:Scott.Wilson-Evans@wales.nhs.uk)

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Scarlet Design International Ltd

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<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	26 March 2025
<b>CYFARFOD O:</b> <b>MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	<b>Audit Wales, Annual Audit Report 2024, and the Structured Assessment 2024</b>
<b>CYFARWYDDWR</b> <b>ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Director of Corporate Governance
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Director of Corporate Governance

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)  
**Purpose of the Report** (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this paper is to present the Auditor General's

- Annual Audit Report 2024, (Appendix A) and
- the Structured Assessment Report for 2024 (Appendix B) for Aneurin Bevan University Health Board.

**Cefndir / Background**

The Public Audit (Wales) Act 2004, requires the Auditor General to:

- Examine and certify the accounts submitted by the Health Board, and to lay them before the Senedd;
- Satisfy himself that the expenditure and income to which the accounts relate have been applied for the purposes intended and in accordance with the authorities which govern it; and,
- Satisfy himself that the Health Board has made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources.

The Auditor General’s 2024 Annual Report, **Appendix A**, summarises the findings from the audit work undertaken at Aneurin Bevan University Health Board during 2024.

In addition, this paper provides at **Appendix B** the report which sets out the findings from the Auditor General’s 2024 structured assessment work at Aneurin Bevan University Health Board. The structured assessment work is designed to help discharge the Auditor General’s statutory requirement under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources.

The Health Board’s Audit, Risk and Assurance Committee (the Committee) received the 2024 Structured Assessment report at its meeting held on 18<sup>th</sup> February 2025 and noted that the outcome of the report was positive and highlighted progress in key areas with some further opportunities for improvement identified within the recommendations. The Annual Audit Report 2024 was also received by the Committee for completeness.

**Argymhelliad / Recommendation**

The Board is asked to RECEIVE the following reports issued by Audit Wales:

- Annual Audit Report 2024
- Structured Assessment Report 2024

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Not Applicable Choose an item.

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives <a href="#">Strategic Equality Objectives 2020-24</a>	Not Applicable Choose an item. Choose an item. Choose an item.

### Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Audit, Risk and Assurance Committee – 18 <sup>th</sup> February 2025

### Effaith: (rhaid cwblhau) Impact: (must be completed)

<b>Resource Assessment:</b>	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Not Applicable
• <b>Financial</b>	Not Applicable
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	Choose an item.  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>

**Deddf Llesiant  
Cenedlaethau'r Dyfodol – 5  
ffordd o weithio  
Well Being of Future  
Generations Act – 5 ways  
of working**

<https://futuregenerations.wales/about-us/future-generations-act/>

Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives  
Choose an item.

# Structured Assessment 2024 – Aneurin Bevan University Health Board

Audit year: 2024

Date issued: February 2025

Document reference: 4510A2024

This document has been prepared as part of work performed in accordance with statutory functions.

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Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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# Summary report

## About this report

- 1 This report sets out the findings from the Auditor General's 2024 structured assessment work at Aneurin Bevan University Health Board. Our structured assessment work is designed to help discharge the Auditor General's statutory requirement under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources. Our review of the Health Board's corporate approach to setting new well-being objectives in accordance with the sustainable development principle was undertaken to help discharge the Auditor General's duties under section 15 of the Well-being of Future Generations (Wales) Act 2015.
- 2 Our 2024 Structured Assessment work took place at a time when NHS bodies were continuing to respond to a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high-quality, safe and responsive services, and that public money is being spent wisely.
- 3 The key focus of the work has been on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on:
  - corporate approach to planning;
  - corporate approach to financial management;
  - board transparency, cohesion, and effectiveness; and
  - corporate systems of assurance.

We have not reviewed the Health Board's operational arrangements as part of this work.

- 4 Our work has been informed by our previous structured assessment work, which has been developed and refined over a number of years. It has also been informed by:
  - model Standing Orders, Reservation and Delegation of Powers
  - model Standing Financial Instructions
  - relevant Welsh Government health circulars and guidance
  - the Good Governance Guide for NHS Wales Boards (Second Edition)
  - other relevant good practice guides

We undertook our work between June 2024 and September 2024. The methods we used to deliver our work are summarised in **Appendix 1**. Our work was

conducted in accordance with the auditing standards set by the International Organization of Supreme Audit Institutions.

- 5 We also provide an update in this report on the Health Board's progress in addressing outstanding recommendations identified in previous structured assessment reports in **Appendix 2**.

## Key findings

- 6 Overall, we found that **the Health Board's Board and committee governance arrangements are stable and generally effective. However, given its financial and performance challenges, the Health Board's development of a new long-term strategy and delivery of its three-year route map are crucial to enabling the organisation to transform services to meet current and future demand.**
  - we considered whether the Health Board has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery. We found that the Health Board's approach for developing and delivering strategic plans is not yet enabling it to deliver sustainable services that meet demand. It is imperative that its ongoing long-term strategy development provides the basis and ambition for planning and transforming services that meet current and future needs.
  - we considered whether the Health Board has a sound corporate approach to managing its financial resources. We found that the Health Board is improving its financial controls and has a stronger focus on value and savings delivery. However, its significant ongoing financial challenges suggest that it needs a longer-term and more detailed financial strategy aligned to sustainable care models.
  - we considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently. We found that despite reasonably effective Board and committee arrangements, the Health Board should increase the frequency of the finance and performance committees' meetings to enable more detailed scrutiny and oversight, increase the number of patient safety leadership walkrounds and improve committee chairs' reporting to Board.
  - we considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services. We found that while the Health Board is strengthening its assurance arrangements and its performance management approach is improving, further work is needed.

## Recommendations

- 7 **Exhibit 1** details the recommendations arising from our work. The Health Board's response to our recommendations is summarised in **Appendix 3**.

### Exhibit 1: 2024 recommendations

Recommendations	
R1	As part of its ongoing long-term strategy and clinical services plan development, the Health Board should: <ul style="list-style-type: none"><li>R1.1 Ensure the organisation's new long-term strategy and clinical services plan clearly defines the required sustainable service solutions and decisions for the medium to longer term. This should include a strong focus on population health and prevention. <b>(Paragraph 14)</b></li><li>R1.2 Ensure there is comprehensive engagement with clinical and other staff across all domains of the organisations service provision to feed into the development of the clinical services plan. <b>(Paragraph 15)</b></li><li>R1.3 Publish well-being objectives either alongside or within its new long-term strategy and ensure Well-being of Future Generations (2015) Act requirements are an integral part of the strategy. <b>(Paragraph 16)</b></li></ul>
R2	To enable more effective scrutiny of delivery of corporate plans and strategies, the Health Board should ensure that progress reports are clear and contain performance targets and comparative benchmarks, where possible. Reports should also contain clear progress against established milestones to aid scrutiny of progress. <b>(Paragraph 28)</b>
R3	To become financially sustainable in the longer-term, the Health Board should develop a detailed longer-term financial plan that is linked to the new long term strategy currently in development and three-year route-map and ensure progress against delivery is monitored appropriately. <b>(Paragraph 39)</b>
R4	The Health Board should strengthen its oversight of Standing Financial Instruction and Single Tender Actions by:

## Recommendations

- R4.1 introducing a self-assessment on Standing Financial Instruction compliance; **(Paragraph 43)** and
- R4.2 ensuring Single Tender Action reports include total contract values, setting out whether Board or Welsh Government approval was needed, and provide trend analysis of numbers and total values of Single Tender Actions for comparative periods in previous years. **(Paragraph 43)**

R5 To enable deeper scrutiny of operational finance and performance the Health Board should increase the frequency of the finance and performance committee meetings. **(Paragraph 48)**

R6 The Health Board should ensure there is effective separation of responsibilities between the role of the Health Board Chair and the Chair of the Partnerships, Population Health and Planning Committee. The Health Board should seek to appoint a separate committee chair from the wider cohort of independent members. **(Paragraph 64).**

R7 The Health Board needs to allow sufficient time on Board meeting agendas for the committee chairs to report assurance to the Board and escalate any concerns. **(Paragraph 67)**

R8 The Health Board should ensure there is a clear approach that links the strategic risks in its risk register to the strategic objectives in its annual plan. **(Paragraph 86)**

R9 The Health Board should ensure there is a stronger focus on primary and community care performance within its Integrated Performance reports. **(Paragraph 95)**

# Detailed report

## Corporate approach to planning

- 8 We considered whether the Health Board has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery.
- 9 We found that the **Health Board's approach to developing and delivering strategic plans is reasonably effective. However, the approach is not yet enabling it to deliver sustainable services that meet demand. As a result, it is imperative that its ongoing long-term strategy development provides the basis and ambition for planning and transforming services that meet current and future needs.**

## Corporate approach to producing strategies and plans

- 10 We considered whether the Health Board has a sound corporate approach to producing, overseeing, and scrutinising the development of strategies and corporate plans. We were specifically looking for evidence of:
- a clear Board approved vision, appropriate objectives and a long-term strategy in place which are future-focussed, rooted in population health, and informed by a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
  - the long-term strategy underpinned by an appropriate Board approved long-term clinical strategy;
  - appropriate and effective corporate arrangements in place for developing and producing the Integrated Medium-Term Plan (IMTP), and other corporate plans; and
  - the Board appropriately scrutinising the IMTP and other corporate plans prior to their approval.
- 11 We found that **the Health Board has generally effective arrangements for developing strategic plans built on good engagement. Developing a new long-term strategy is a clear priority for the Health Board. However, it needs to ensure clinical services plans are developed in consultation with all relevant stakeholders and fully reflects the changes needed to further deliver sustainable clinical service models.**
- 12 The Health Board's Clinical Futures Strategy, its long-term organisational strategy, has been extant for more than a decade. However, the Health Board is now working in a more challenging environment and dealing with the legacy of the COVID-19 pandemic, increasing demand, and greater financial pressures. It is also seeing increasing oversight by Welsh Government following the recent change to its escalation status<sup>1</sup>. Although the Health Board's extant Clinical Futures Strategy

<sup>1</sup> Targeted Intervention (Level 4) for finance, strategy and planning, and Enhanced Monitoring (Level 3) for urgent and emergency care at the Grange University Hospital.

has helped guide service sustainable developments and supporting infrastructure, it needs to be updated to enable the organisation to sustainably meet population health needs and address the current challenges it faces. A symptom of this is reflected in the performance and financial challenges the Health Board is currently facing.

- 13 As a result, the Health Board is currently developing a new long-term strategy that will focus on population health, community-based services, and providing sustainable acute services. There is a clear timeline and governance arrangements in place for the strategy development, which the Board agreed in September 2023. The Health Board is also focussing on its replacement clinical futures strategy and at the time of our work implementing its enhanced Local General hospital (ELGH) reconfiguration programme.
- 14 The Health Board aimed to publish the long-term strategy in September 2024 but has since revised this to January 2025. Despite this, the Health Board's timetable remains ambitious especially considering the need for it to fully consider the changes needed to create sustainable clinical service models. Immediate pressures relate to service performance and finance, which require improvements in the acute setting and stronger cost control. However, longer-term population health challenges and the expected aging patient demographic are likely to require a far greater focus on health and prevention, targeting inequalities, as well as an increased focus on integrated community services. The Health Board, therefore, will need to ensure its long-term strategy clearly defines the required changes and sustainable service solutions that are needed in both the medium- and longer-term whilst maintaining adequate focus on addressing immediate performance and financial challenges. **(Recommendation 1.1)**
- 15 The Health Board is actively engaging with the community to inform its new strategy. Its approach - 'A Conversation for a Healthy Future' - focusses on the single question of "What's important to feel healthy?" Whilst its community focussed strategy engagement is positive, the Health Board also needs to ensure sufficient and full engagement with clinical and administrative staff across the organisation as part of its clinical strategy development. **(Recommendation 1.2)**
- 16 The Health Board also needs to take the opportunity presented through the development of its new long-term strategy to more fully integrate the requirements of the Well-being of Future Generations (Wales) Act 2015 across the organisation and set well-being objectives **(Recommendation 1.3)**. We discuss this in more detail in the following section.
- 17 The Health Board is working to an Annual Plan for 2024-25 as it was unable to submit to Welsh Government an approvable, financially balanced Integrated Medium-Term Plan for 2024-27. Its 2024-25 Annual Plan continues to build on the

Health Board's 'life course approach'<sup>2</sup>, setting out outcomes and measures to achieve them. While the actions in the plan are reasonably clear for the current 12-month period, there is less clarity on its proposed actions beyond this. We also understand that the Health Board received some challenge from Welsh Government on the draft plan this year requiring it, for example, to demonstrate greater ambition for improvement and service recovery.

- 18 The Health Board continues to demonstrate a good approach to engaging with both internal and external stakeholders in the development of the Annual Plan. It routinely shares draft strategies/plans with Independent Members supported by discussion, where needed, at Board Development sessions before formal approval at public Board meetings.

## Corporate approach to setting well-being objectives

- 19 We considered whether the Health Board has a sound corporate approach to setting its well-being objectives in accordance with the sustainable development principle<sup>3</sup>. We were specifically looking for evidence of:
- appropriate arrangements in place for setting well-being objectives which are underpinned by the sustainable development principle;
  - appropriate consideration given to how the organisation will ensure delivery of its well-being objectives; and
  - appropriate arrangements in place to monitor progress and improve how the organisation applies the sustainable development principle.
- 20 We found that **while the Health Board works well with partners to assess and understand population needs, it needs to review its well-being objectives and ensure their delivery features more explicitly in corporate plans.**
- 21 During 2023-24, the Health Board worked with its partners on the Gwent Public Service Board to use the Gwent Well-being Assessment to inform the development of a regional well-being plan. This plan, which covers the period 2023-28, includes broad strategic aims and steps to improve population well-being in the region, including improving the availability and quality of housing, tackling the impact of the cost of living, addressing climate change, and improving health and well-being.
- 22 The Health Board has also worked collaboratively with partners to develop the 2023 Gwent Joint Strategic Assessment. This provides an evidence base to inform Health Board planning and priority setting. The Gwent partners have also adopted

<sup>2</sup> The Health Board has defined five life course goals which focus on what matters to individuals and what will improve their healthy life expectancy, from giving every child the best start in life, to dying well as part of life.

<sup>3</sup> Under The Well-being of Future Generations (Wales) Act 2015, the Health Board is required to set and publish well-being objectives that are designed to maximise its contribution to achieving each of the well-being goals.

the 'Marmot' principles<sup>4</sup>, which align well to many of the Well-being of Future Generation (Wales) Act 2015 requirements.

- 23 While the Health Board is working in partnership focussing on population well-being and its 'life-course' approach, it is also required to be clear as an organisation on its well-being objectives and review and publish these periodically. The Health Board last formally published its well-being objectives and well-being statement in 2017-18. As mentioned previously, it now needs to take the opportunity presented by the long-term strategy development to review these (see **Recommendation 1.3**).

## Corporate approach to overseeing the delivery of strategies and plans

- 24 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the implementation and delivery of corporate plans. We were specifically looking for evidence of:
- corporate plans, including the IMTP, containing clear strategic priorities/objectives and SMART<sup>5</sup> milestones, targets, and outcomes that aid monitoring and reporting; and
  - the Board appropriately monitoring the implementation and delivery of corporate plans, including the IMTP.
- 25 We found that **corporate plans are in the main supported by SMART actions; however, some progress reports can be overly narrative and lack clarity on progress and outcomes.**
- 26 The Health Board's corporate plans and strategies include clear objectives and measurable outcomes. This is the case both for its current Annual Plan and Quality Strategy, which we reviewed. Both contain appropriate information about priorities, supporting actions, milestones for delivery and intended outcomes.
- 27 Our 2023 Structured Assessment recommended the Health Board strengthen its IMTP/Annual Plan progress report. The Health Board has improved its approach to reporting by using its quarterly progress report to track progress in delivering its plan priorities and milestones, as well as ministerial priorities. There is a clear summary of progress with an assessment of whether actions are off track and what steps are being taken to address any performance concerns (see **Appendix 2 Structured Assessment 2023 R7**).
- 28 However, the Health Board needs to ensure that reporting on the progress of other strategies and plans is fit for purpose. For example, the Quality Strategy quarterly

<sup>4</sup> The 'Marmot' principles recognises that health and health inequalities are mostly shaped by social determinants, i.e. the environment in which people live and their lifestyles.

<sup>5</sup> Specific, measurable, achievable, relevant, and time-bound

report which was last presented in September 2024 was long and the presentation was difficult to read. This report also lacked detail on performance targets and comparative benchmarks which would aid readers in identifying areas of concern. We have seen similar issues in the July 2024 People Strategy update. While setting out progress made over the past 12 months, it was again very narrative based which made it difficult to establish progress and outcomes against the set milestones. **(Recommendation 2)**

## Corporate approach to managing financial resources

- 29 We considered whether the Health Board has a sound corporate approach to managing its financial resources.
- 30 We found that the **Health Board is improving its financial controls and has a stronger focus on value and savings delivery. However, its significant ongoing financial challenges suggest that it needs a longer-term and detailed financial strategy aligned to sustainable care models.**

## Financial objectives

- 31 We considered whether the Health Board has a sound corporate approach to meeting its key financial objectives. We were specifically looking for evidence of:
- the organisation meeting its financial objectives and duties for 2023-24, and the rolling three-year period of 2021-22 to 2023-24; and
  - the organisation being on course to meet its objectives and duties in 2024-25.
- 32 We found that **despite additional funding from Welsh Government, the Health Board did not meet its key financial objectives and duties for 2023-24. Furthermore, it will be challenging to achieve its key financial targets for 2022-25.**
- 33 The Health Board did not meet its financial objectives and duties for 2023-24. The original Financial Plan for 2023-24 forecasted an in-year deficit of £112.8 million. However, it received £88.3 million of extra funding from Welsh Government in November 2023<sup>6</sup>. As a result, it closed the 2023-24 year with a deficit of £49.7 million, thus failing to meet its deficit control total of £13 million and breaching its duty to break even over the three-year rolling period 2021-22 to 2023-24. The Health Board did, however, have a small underspend on its capital resource limit.
- 34 The Health Board's current and forecast financial position for 2024-25 is challenging. Concerns about the financial position contributed to the Welsh

<sup>6</sup> [Written Statement: LHB Allocations and Target Control Totals](#)

Government's decision to escalate the Health Board to targeted intervention<sup>7</sup> in February 2024. As a result of the 2023-24 year-end position and ongoing underlying deficit, the Health Board was unable to submit a balanced Financial Plan for 2024-2027. Instead, it is working to an Annual Plan deficit of £48.9 million for 2024-25, which the Board set at the beginning of the financial year. The Health Board was showing a slight improvement in its forecasted year end position at Month 5 2023-24 (£47.8 million deficit). However, this has improved further. In December 2024, the Welsh Government made an in-year recurrent £9.5 million allocation and a conditionally recurrent £31 million allocation to the Health Board. The conditions for gaining the £31 million allocation recurrently include meeting the revised control total, ensuring a financially balanced IMTP and securing improvements in planned care and regional working. Based on the additional allocation, the revised year end position is expected to be a forecast deficit of £7.3 million, which is also the Health Board's new revised Target Control Total for the 2024-25 financial year.

## Corporate approach to financial planning

- 35 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial planning. We were specifically looking for evidence of:
- clear and robust corporate financial planning arrangements in place;
  - the Board appropriately scrutinising financial plans prior to their approval;
  - sustainable, realistic, and accurately costed savings and cost improvement plans in place which are designed to support financial sustainability and service transformation; and
  - the Board appropriately scrutinising savings and cost improvement plans prior to their approval.
- 36 We found that **while there is improving engagement and oversight of financial planning, there is a clear need to develop a more detailed longer-term financial recovery plan linked to the emerging long-term strategy and three-year financial route-map.**
- 37 The Health Board has improving arrangements for Board and committee oversight of financial planning. Board members recognise the financial challenges facing the organisation, which include the operational pressures and external factors driving significant growth in costs. This year's Financial Plan was developed with good engagement from Board members through a series of Board briefings and Board Development Sessions.
- 38 The Health Board delivered a significant savings programme in 2023-24, achieving savings of £43 million, the highest level for the Health Board since its inception,

<sup>7</sup> <https://www.gov.wales/nhs-wales-escalation-and-intervention-arrangements>

and the highest in Wales. Savings plans for 2024-25 remain ambitious but will be challenging to deliver in full. The Health Board has strengthened its structures and resources to support divisional savings delivery and there is stronger accountability and shared ownership for savings led by the bi-weekly Value and Sustainability Board. An Executive Director leads each theme supported by a programme board for most areas. As at Month 4 2024-25, the Health Board was planning to achieve £42.2 million in savings against a target of £40.5 million. Whilst it was making good progress in 'de-risking' the saving schemes (i.e. ensuring actions are taken to make savings realistically deliverable), it had only delivered £9.9 million of actual savings, leaving a challenging delivery target for the remainder of the year.

- 39 Despite the progress with savings arrangements, a savings focussed approach is unlikely to lead to longer-term financial sustainability. Indeed, our 2024 Review of Cost Savings Arrangements found that the Health Board needs to develop a longer-term financial plan focused on achieving recurrent savings from transformational service change. The Health Board, therefore, needs to develop a detailed longer-term financial plan linked to its long-term strategy and sustainable service models. The Health Board has started this process and is moving in the right direction with the three- year route-map to financial sustainability, which was approved by Board in July 2024. This sets out strategic service priorities and the financial aims and assumptions of the Health Board. The three-year route-map links to changes and efficiencies required through service and estate reconfiguration, workforce redesign and productive working. It places increasing and substantial reliance on truly recurring cashable efficiencies, but there needs to be greater clarity to indicate how the Health Board will achieve this **(Recommendation 3)**. There also needs to be consideration of health cost inflation associated with continued growing and changing service demand.

## Corporate approach to financial management

- 40 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial management. We were specifically looking for evidence of:
- effective controls in place that ensure compliance with Standing Financial Instructions and Schemes of Reservation and Delegation;
  - the Board maintaining appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
  - effective financial management arrangements in place which enable the Board to understand cost drivers and how they impact on the delivery of strategic objectives; and
  - the organisation's financial statements for 2023-24 were submitted on time, contained no material misstatements, and received a clean audit opinion.

- 41 We found that **the Health Board has a generally good approach to overseeing and scrutinising financial management.**
- 42 The Board reviews Standing Orders and Standing Financial Instructions frequently, the last time being September 2024. Following a review of delegated limits across Wales, the Board approved a revision to the Scheme of Delegation in September 2024 which raised the general financial limits. It remains responsible for the approval of business cases valued over £1 million. However, the Health Board is yet to ensure clear delegated responsibility for the achievement of financial savings below executive levels in the Scheme of Delegation (see **Appendix 2 Structured Assessment 2022 R7**).
- 43 The Board delegates financial oversight to the Audit, Risk and Assurance Committee and the Finance and Performance Committee, which discharge their responsibilities appropriately. The Audit, Risk and Assurance Committee gain assurance from wider regular internal and external assurance reports in relation for financial controls and stewardship. These include overseeing reports on financial compliance, and the programme of internal audit and counter fraud work. However, there are some areas that could be improved in relation to monitoring Standing Financial Instruction compliance and single tender actions. (**Recommendations 4.1 and 4.2**)
- 44 The Health Board submitted its draft Financial Statements for external audit within the required timescales, following consideration by the Audit, Risk and Assurance Committee in July 2024. For 2023-24, we issued an unqualified true and fair audit opinion but issued a qualified regularity opinion because the Health Board did not meet its revenue resource allocation over the rolling three-year period 2021-22 to 2023-24.

## Board oversight of financial performance

- 45 We considered whether the Board appropriately oversees and scrutinises financial performance. We were specifically looking for evidence of:
- the Board receiving accurate, transparent, and timely reports on financial performance, as well as the key financial challenges, risks, and mitigating actions; and
  - the Board appropriately scrutinising the ongoing assessments of the organisation's financial position.
- 46 We found that **the Health Board and committees appropriately oversee and scrutinise financial performance, but needs to increase the frequency of the Finance and Performance Committee meetings to enable more detailed scrutiny and oversight**
- 47 The Board and Finance and Performance Committee continue to oversee the Health Board's financial performance, with finance reports providing sufficient information to enable appropriate scrutiny and oversight. Reports are transparent and supported by detailed explanation from the relevant Executive leads. They

also clearly highlight key financial challenges, risks, and mitigating actions and the potential impact on service quality and safety. The Board appropriately scrutinises the ongoing assessments of the organisation's financial position.

- 48 As noted previously, the Health Board continues to experience substantial financial challenges. Although the Finance and Performance Committee is well established, it only meets quarterly. As a result, it is unable to provide more detailed oversight of operational financial performance. Increasing the frequency of this committee to bi-monthly would enable the committee to undertake deeper dives into divisional financial and performance matters. **(Recommendation 5)**
- 49 While reports give a good overview of the financial position in the short-term, the current reporting approach makes it difficult to see how the Health Board will recover its position in the medium- to longer-term. Reports, therefore, should also focus on the Health Board's progress in delivering financially sustainable service models linked to service productivity, value, and efficiency (see **Recommendation 3**).

## Board transparency, effectiveness, and cohesion

- 50 We considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently.
- 51 We found **despite reasonably effective Board and committee arrangements, the Health Board should, increase the number of patient safety leadership walkrounds, and improve committee chairs' reporting to Board.**

## Public transparency of Board business

- 52 We considered whether the Board promotes and demonstrates a commitment to public transparency of board and committee business. We were specifically looking for evidence of Board and committee meetings:
- that are accessible to the public;
  - papers being made publicly available in advance of meetings; and
  - business and decision-making being conducted transparently.
- 53 We found that **the Board and committees continue to operate transparently with open discussion on key Health Board challenges.**
- 54 The Board continues to demonstrate a commitment to public transparency of board and committee business. Members of the public can continue to observe public Board meetings through the live stream, or by attending in person. The Health Board provides signposting and instructions to join upcoming Board meetings via the homepage on its website and its social media channels. However, public take up is low. Recordings of the public Board meetings are made publicly available 24 hours after the meeting. Private sessions of the Board are reserved for sensitive

and confidential matters. Where private sessions are used, a summary of discussions is provided at the subsequent public Board meeting.

- 55 Board members hold open and frank discussions in Board and committee meetings on the Health Board's performance, finance, and quality challenges. Executive Directors are open about the Health Board's challenges and the priority areas for action and feel well supported by the entire Board in responding to them.
- 56 The Health Board does not livestream or publish recordings of its committee meetings, although we understand that there are plans to start this in January 2025 (see **Appendix 2 Structured Assessment 2023 R1**). Unconfirmed committee meeting minutes are published on the Health Board's website only when included in papers for the next meeting, around 2 to 3 months after. This continues to limit timely access to records of committee business, but if live streaming of committee meetings is introduced it would improve transparency.

## Arrangements to support the conduct of Board business

- 57 We considered whether there are proper and transparent arrangements in place to support the effective conduct of Board and committee business. We were specifically looking for evidence of:
- a formal, up-to-date, and publicly available Reservation and Delegation of Powers and Scheme of Delegation in place, which clearly sets out accountabilities;
  - formal, up-to-date, and publicly available Standing Orders (SOs) and Standing Financial Instructions (SFIs) in place, along with evidence of compliance; and
  - formal, up-to-date, and publicly available policies and procedures in place to promote and ensure probity and propriety.
- 58 We found that the **Health Board continues to have good arrangements to support the effective conduct of Board business and is taking action to address outdated policies.**
- 59 The Health Board continues to have adequate arrangements to support the effective conduct of Board and committee business. It has adopted the Welsh Government's Model Standing Orders and Standing Financial Instructions and the model Scheme of Delegation. As noted previously, the Health Board has reviewed the financial limits in the Scheme of Delegation, which the Board approved in September 2024. The process for declaring interests at Board and committee meetings continues and is well established.
- 60 The Health Board has increased capacity within the Corporate Governance Team this year, which has enabled improvements. This includes developing the new Risk Management Framework and updating other important policies which have been out of date. The Health Board continues to work through an improvement plan to address out of date policies. It estimates that around 55% of its policies are out of date; however, not all policies are required, and there is targeted work ongoing to

determine the status and need for these policies. Positively, in September 2024, the Board approved a new Standards of Business Conduct Policy, which includes declarations of interest, and receipts of gifts and hospitality, as the previous version was due for review. The new policy now applies to a broader range of staff, including staff at Band 8a and above.

## Effectiveness of Board and committee meetings

- 61 We considered whether Board and committee meetings are conducted appropriately and effectively. We were specifically looking for evidence of:
- an appropriate, integrated, and well-functioning committee structure in place, which is aligned to key strategic priorities and risks, reflects relevant guidance, and helps discharge statutory requirements;
  - Board and committee agendas and work programmes covering all aspects of their respective Terms of Reference as well being shaped on an ongoing basis by the Board Assurance Framework;
  - well-chaired Board and committee meetings that follow agreed processes, with members observing meeting etiquette and providing a good balance of scrutiny, support, and challenge; and
  - committees receiving and acting on required assurances and providing timely and appropriate assurances to the Board.
- 62 We found that **the Board and committee structure is generally operating well. Meetings are well chaired; however, there are opportunities to strengthen the quality of information presented.**
- 63 The Board and its committees continue to have up to-date terms of reference, and annual cycles of business are regularly reviewed and updated as appropriate. Board and committee chairs are actively involved in the meeting agenda setting process. Meetings continue to be well chaired, mostly run to time, and demonstrate good discussion on key issues. Independent Members participate fully in meetings, providing reasonably effective scrutiny on the information presented. There is a continued focus on finance and digital matters in the relevant meetings, which is positive.
- 64 There have been no changes to the committee structure this year, and it provides an appropriate focus on strategy, delivery, performance, and culture. However, the Chair of the Health Board is also Chair of the Partnership's Population Health and Planning Committee. We recommend that this is reviewed to enable the committee to provide her with the assurance required as Chair of the Board **(Recommendation 6)**. The Health Board may need to revisit its committee structure once it approves the new long-term strategy to ensure it remains fit for purpose and supports the delivery of any new strategic objectives.
- 65 The recently established Clinical Advisory Forum held its inaugural meeting in July 2024. It reports to the Executive Committee, and there are clear terms of reference in place and appropriate multi-disciplinary attendance. The forum provides a

mechanism to seek essential contributions from clinicians to the Health Board's clinical, patient experience, and quality strategies. It oversees the Health Board's Quality Impact Assessment process and also functions as a clinical 'sounding board' and clinical voice, which will be important as the Health Board develops its longer-term strategy.

- 66 The Board and some committee meetings support both in-person and virtual attendance which continues to offer flexibility to Board members. The use of technology and virtual meeting etiquette is well embedded.
- 67 The Health Board has reasonably effective arrangements in place to support flows of assurance from committees to the Board and the referral of information between committees. However, the Health Board needs ensure that it allows sufficient time for the committee chairs to report assurance to the Board, and escalate issues raised during committee meetings. This should include setting out the proposed action that the committee would like the Board to take. **(Recommendation R7)**
- 68 There are appropriate processes to ensure actions identified in meetings are transferred to other committees where appropriate. The Chair of the Board continues to hold monthly meetings with Independent Members, both collectively and separately, which supports effective information sharing.
- 69 Board and committee papers are generally clear and contain the information required for effective decision making. However, many papers continue to be overly long, detailed and some do not identify clear actions when reports identify issues and underperformance. There is also opportunity to strengthen the use of benchmarking where this is appropriate. The Health Board is in the process of procuring external training to support report writing to improve the quality (see **Appendix 2 Structured Assessment 2022 R2, and 2023 R2 and R3**).

## **Board commitment to hearing from patients/service users and staff**

- 70 We considered whether the Board promotes and demonstrates a commitment to hearing from patients/service users and staff. We were specifically looking for evidence of:
- the Board using a range of suitable approaches to hear from a diversity of patients/service users, the public and staff.
- 71 We found that **the Board has continues to demonstrate a positive commitment to hearing from staff and patients but needs to improve delivery of its programme of Patient Safety Leadership Walkrounds.**
- 72 The Health Board has an established Communications and Engagement Strategy and has continued to strengthen its arrangements to hear from patients, service

users, and staff. The introduction of the CIVICA<sup>8</sup> patient feedback system has been positive, and there are examples where this information is being reviewed at the Patient Safety, Quality and Outcomes Committee. As the Health Board sets out to develop its new long-term strategy, several engagement events were being held both in the community and online.

- 73 The Health Board has continued to include a patient and public engagement item at every public Board meeting which includes a report from the citizens' voice body, 'Llais.', and patient experience presentations with patients and families attending in person. The Patient Safety, Quality, and Outcomes Committee also receives patient, and staff stories and demonstrates a commitment to listening and learning from staff, as illustrated within its performance report.
- 74 In May 2023, the Health Board restarted its Patient Safety Leadership Walkrounds. These are for Independent Members and Executive Directors and cover inpatient, outpatient, Mental Health, and community patient care areas, as well as support services throughout the Health Board. Despite good arrangements to plan the schedule of walkrounds, only 33% of the pre-arranged visits have taken place<sup>9</sup>. The Health Board has investigated the reasons for this and is aiming to address this issue over the next 12 months.

## Board cohesiveness and commitment to continuous improvement

- 75 We considered whether the Board is stable and cohesive and demonstrates a commitment to continuous improvement. We were specifically looking for evidence of:
- a stable and cohesive Board with a cadre of senior leaders who have the appropriate capacity, skills, and experience;
  - the Board and its committees regularly reviewing their effectiveness and using the findings to inform and support continuous improvement; and
  - a relevant programme of Board development, support, and training in place.
- 76 We found that the **Board is cohesive and committed to continuous improvement, with good Board member induction and training opportunities.**
- 77 The Board is cohesive, with positive working relationships, good lines of communication, and awareness of respective roles and responsibilities amongst its members. Executive Director portfolios are appropriately balanced and have clearly defined responsibilities.
- 78 The Board has a stable cadre of Independent Member. However, the Health Board was unable to appoint a replacement Independent Member (Trade Union), and a

<sup>8</sup> CIVICA is a national platform to enable NHS bodies in Wales to capture real-time feedback from users of its services.

<sup>9</sup> Between May 2023 and October 2024.

decision was made to extend the current appointment for 12 months until a suitable candidate could be appointed. Positively, the Health Board has developed an internal Aspiring Board Member Programme to address this issue in the future. At the time of our work, there were three candidates on the programme. However, turnover is expected in 2025 including the Chair and Vice Chair of the Health Board, which the Health Board will need to manage carefully to maintain stability and minimise disruption.

- 79 The Health Board continues to have effective local induction arrangements for Executive Directors and Independent Members. These include meetings with other Board members and stakeholders alongside detailed training materials. Independent Members indicated they felt supported by the Board and have opportunities for learning and development.
- 80 Arrangements to support Board self-assessment continue to be effective. During 2023-24, the committees undertook a mid-year self-assessment, with the findings used to inform the annual assessment of the Board effectiveness in 2023-24. The Health Board continues to have a programme of Board development and Board briefing sessions which cover a range of topics, including urgent and emergency care, risk management, and the Health Boards Quality Strategy. Board Members continue to comment positively on the quality of these sessions.

## Corporate systems of assurance

- 81 We considered whether the Health Board has a sound corporate approach to managing risks, performance, audit recommendations. We will comment separately on the Health Board's approach to managing the quality and safety of services as part of our Follow-up Review of Quality Governance Arrangements in 2025.
- 82 We found that **while the Health Board is strengthening its assurance arrangements and its performance management approach is improving, further work is needed.**

## Corporate approach to overseeing strategic and corporate risks

- 83 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising strategic risks to the delivery of strategic priorities / objectives. We were specifically looking for evidence of:
- an up-to-date and publicly available Board Assurance Framework (BAF) in place, which brings together all of the relevant information on the risks to achieving the organisation's strategic priorities / objectives; and
  - the Board actively owning, reviewing, updating, and using the BAF to oversee, scrutinise, and address strategic risks.

- 84 We found that **despite the Health Board’s continued focus on refining the Board Assurance Framework and improving the content and sources of assurance, the Board still needs to clearly link its strategic risks to the strategic objectives within its Annual Plan.**
- 85 The Health Board continues to use its Strategic Risk and Assurance Report (Board Assurance Framework) to set out how it manages its strategic risks. The report continues to provide a clear summary of the Health Board’s strategic risks. At the time of our work, there were eight high level strategic risks. Each of these risks had been scored according to the risk appetite of the Health Board. Executive Directors within the Health Board are assigned responsibility for strategic risks within their respective portfolios, and all risks are assigned to a responsible committee.
- 86 The Health Board is continuing to strengthen its strategic risk approach by undertaking assurance mapping and identifying ‘lines of defence’ (the assurances it needs for each strategic risk). However, the Board has not clearly linked its strategic risks to the strategic objectives in the current Annual Plan. Therefore, the Board is not able to clearly see the strategic risks that may prevent delivery of its objectives. **(Recommendation 8)**
- 87 Our 2023 Structured Assessment review found that the Health Board needed to address gaps in the Strategic Risk and Assurance Report and strengthen how it uses this to inform committee agenda setting. The Health Board has addressed these issues sufficiently (see **Appendix 2 Structured Assessment 2023, R4**). Since our last structured assessment, the Health Board has refreshed its Risk Management Framework and underpinning policy, which provides clear guidance around the risk escalation structure, and reporting thresholds. In support of the new framework, the Health Board is rolling out training to its operational teams to improve the identification, mitigation, and escalation of risk (see **Appendix 2 Structured Assessment 2023 R5**).
- 88 The Health Board is in the process of developing an approach for reporting and managing its corporate risks. The Health Board plans to update the Board by the end of the year on its progress.

## Corporate approach to overseeing organisational performance

- 89 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising organisational performance. We were specifically looking for evidence of:
- an appropriate, comprehensive, and up-to-date performance management framework in place, underpinned by clear roles and responsibilities; and
  - the Board and committees providing effective oversight and scrutiny of organisational performance.

- 90 We found that **the Health Board’s approach to performance management, accountability and oversight is improving, but there is further work to be done to improve performance reporting.**
- 91 The Health Board introduced its Performance Management and Accountability Framework in September 2023<sup>10</sup>. This focusses on service quality, performance, activity, workforce, and financial expectations and includes formal approaches for review and internal escalation. The operational divisions were originally assessed in November 2023, and subsequently reviewed in September 2024. The most recent reports indicate that:
- the Mental Health Division has been de-escalated from ‘special measures’ to ‘enhanced monitoring’, following improvements in leadership and delivering improvements in operational delivery and actions taken to address Health Inspectorate Wales recommendations
  - the Urgent Care Division has remained in ‘enhanced monitoring’ for quality and safety and delivery but de-escalated for finance.
- 92 This demonstrates that the Health Board is both using the framework effectively, and that the framework approach is currently an effective means for driving improvement.
- 93 In addition to the new divisional review approach, the Health Board has made broader progress in implementing the framework including:
- issuing Director accountability letters covering service deliverables, budget delivery, and individual objectives;
  - providing clearer expectations and milestones linked to the delivery of plans; and
  - strengthening the approach and reporting for quarterly review of outcomes.
- 94 The Health Board continues to experience significant service pressures which means that performance against key Welsh Government performance measures is below target. The Health Board will need to ensure that its performance framework approach secures the necessary operational improvements, alongside the longer-term strategic service modelling needed to develop sustainable services.
- 95 Our 2022 and 2023 Structured Assessment reports highlighted opportunities to improve the Integrated Performance Dashboard. The Health Board has since strengthened its performance reporting to Board. Performance reports are divided up into four sections (quality, workforce, activity/performance, and finance). The responsible Executive Director presents each at public Board members. Key areas for improvement are summarised as well as the things that need to improve. However, whilst the performance reports show performance trends, there remains

<sup>10</sup> The Health Board assesses each division against three domains (quality and safety, operational delivery and finance) and assigns an escalation status for each domain (supported autonomy, enhanced monitoring or special measures). A formal review is undertaken every 6 months.

a lack of benchmarking information with other health bodies, as well as a lack of focus on primary and community care performance. **(Recommendation 9)**

## Corporate approach to tracking recommendations

96 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising systems for tracking progress to address audit and review recommendations and findings. We were specifically looking for evidence of:

- appropriate and effective systems in place for tracking responses to audit and other review recommendations and findings in a timely manner.

97 We found that **the Health Board continues to have effective arrangements for tracking recommendations, but further work is required to reduce the number of overdue recommendations.**

98 The Health Board continues to have reasonably effective arrangements for monitoring progress against internal audit, external audit, and Healthcare Inspectorate Wales recommendations. It continues to use two trackers, one for internal and external audit recommendations which is received by the Audit, Risk and Assurance Committee at each meeting. The Healthcare Inspectorate Wales recommendations are captured on a separate tracker, which is periodically reviewed at the Patient, Quality, Safety and Outcomes Committee. The Health Board has continued to make progress in addressing overdue recommendations, but further work is needed to address the 42 recommendations that remain overdue.

99 The Health Board recently approved a procedure to improve both:

- the quality of the management response to audit recommendations; and
- clarity on the roles and responsibilities of the Executive Directors and the Audit, Risk and Assurance Committee in respect of audit tracking.

# Appendix 1

## Audit methods

**Exhibit 2** below sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Element of audit approach	Description
Observations	We observed Board meetings as well as meetings of the following committees: <ul style="list-style-type: none"><li>• Public Board;</li><li>• Audit, Risk and Assurance Committee;</li><li>• Patient Safety, Quality and Outcomes Committee;</li><li>• Finance and Performance Committee;</li><li>• People and Culture Committee; and</li><li>• Partnerships, Population Health, and Planning Committee.</li></ul>

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none"> <li>• Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes;</li> <li>• key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interest, and Registers of Gifts and Hospitality;</li> <li>• key organisational strategies and plans, including the IMTP;</li> <li>• key risk management documents, including the Board Assurance Framework and Corporate Risk Register;</li> <li>• key reports relating to organisational performance and finances;</li> <li>• Annual Report, including the Annual Governance Statement;</li> <li>• relevant policies and procedures; and</li> <li>• reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.</li> </ul>

## Interviews

We interviewed the following Senior Officers and Independent Members:

- Chair of the Health Board;
- Chief Executive;
- Director of Corporate Governance;
- Director of Strategy, Planning and Partnerships;
- Director of Public Health;
- Director of Finance and Procurement;
- Independent Member – Finance & Chair of the Audit, Risk and Assurance Committee;
- Independent Member – Chair of the Patient Safety, Quality and Outcomes Committee; and
- Independent member – Chair of the Finance and Performance Committee.

# Appendix 2

## Progress made on previous years recommendations

Exhibit 3 below sets out the progress made by the Health Board in implementing recommendations from previous structure assessment reports

Recommendation	Description of progress
<p><b>Structured Assessment 2022</b></p> <p><b>Quality of Information to Board and Committees</b></p> <p>R2 Information presented to Board and committees does not always provide the required assurance. Some papers are too long, detailed, and technical. Cover reports continue to follow an SBAR format, but there is variation in their use. The Health Board, therefore, should develop training and guidance for Health Board staff around the reporting expectations and quality of information presented to the Board and its committees.</p>	<p>The Health Board is in the process of procuring external training to support report writing to improve the quality. More detail is provided in <b>paragraph 70</b></p> <p>Our assessment on progress against the recommendation: <b>Ongoing</b></p>

Recommendation	Description of progress
<p><b>Structured Assessment 2022 Performance Reporting</b></p> <p>R4 The Integrated Performance Report has remained unchanged for several years, and at present it doesn't clearly articulate the impact of past and ongoing improvement actions. The Health Board should strengthen this report to provide more information to Board and committees on the actions required to address underperformance or the impact of past actions taken.</p>	<p>We recognise the progress that the Health Board has made in this area. However, we made a similar recommendation in our 2023 Structured Assessment report. More detail is provided in <b>paragraph 96</b>.</p> <p>Our assessment on progress against the recommendation: <b>Superseded by Structured Assessment 2024 Recommendation 6</b></p>
<p><b>Structured Assessment 2022 Clinical Futures Strategy and Long-Term Clinical Plan</b></p> <p>R5 The Clinical Futures Strategy has remained in place for over a decade, but the pressures the Health Board is facing have changed substantially in this time. The Health Board, therefore, should:</p> <ul style="list-style-type: none"> <li>a. Review the Clinical Futures Strategy to ensure it helps to shape financially and clinically sustainable service models; and</li> <li>b. Develop a detailed long-term clinical plan that underpins the Clinical Futures Strategy.</li> </ul>	<p>The Health Board's Clinical Futures Strategy has been extant for some time. At the time of our work, the Health Board was starting to consult on the new strategy that will replace this work. More detail is provided in <b>paragraph 13</b>.</p> <p>Our assessment on progress against this recommendation: <b>Superseded by Structured Assessment 2024 Recommendation 1</b></p>

Recommendation	Description of progress
<p><b>Structured Assessment 2022</b></p> <p><b>Schemes of Delegation</b></p> <p>R7 The Health Board’s deteriorating financial position and deterioration in savings deliver indicates that stronger accountability for financial performance and delivery is required. The Health Board, therefore, should review its Scheme of Delegation to ensure it more strongly outlines delegated accountability for the budgetary position and achievement of financial efficiencies at and below executive levels.</p>	<p>The Health Board has continued to implement its performance management and accountability framework with updates reported though the finance and performance committee.</p> <p>Work has been undertaken to review the delegated limits for the Chair, CEO and executive directors, benchmarked across other Health Boards and a paper was approved at Board in September 2024 which approved these changes. This will then inform further detailed work on review of the scheme of delegation (to cover delegated limits and other responsibilities and delegated authorities). This includes mapping executive director delegated responsibilities to portfolios. <b>More detail is provided in paragraph 42.</b></p> <p>We consider this recommendation: <b>Ongoing</b></p>
<p><b>Structured Assessment 2023</b></p> <p><b>Committee Transparency</b></p> <p>R1 The Health Board should provide more timely access to records of committee meetings. It could do this either by ensuring that it livestreams or publishes recording of its committee meetings, or alternatively it could publish</p>	<p>The Health Board is working towards Livestreaming of committees. A programme of work is underway to determine the most appropriate solution for this as well as the products needed to ensure effectiveness. <b>More detail is provided in paragraph 56.</b></p> <p>We consider this recommendation: <b>Ongoing</b></p>

Recommendation	Description of progress
<p>unconfirmed committee meeting minutes shortly after the meeting.</p>	
<p><b>Structured Assessment 2023</b> <b>Quality of Information</b></p> <p>R2 The Health Board should develop training and guidance for Health Board staff around the reporting expectations and quality of information presented to the Board and its committees.</p> <p>R3 The Health Board should establish a robust quality assurance mechanism to review the quality of reports for its Board and committees.</p>	<p>R2 - At the time of our work the Health Board was in the process of securing externally facilitated report writing training for executive directors and senior managers. Following this the Health Board is planning to review its report and presentation templates as part of improving Board business effectiveness. More detail is provided in <b>paragraph 70</b>.</p> <p>We consider this recommendation: <b>Ongoing</b></p> <p>R3 - During 2023-24 the Director of Corporate Governance implemented an organisational change process to build capacity and resilience in the Board Business function. Further work is planned on quality assuring reports as well as report writing training and revised templates. More detail is provided in <b>paragraph 70</b>.</p> <p>We consider this recommendation: <b>Ongoing</b></p>
<p><b>Structured Assessment 2023</b></p>	

Recommendation	Description of progress
<p><b>Strategic / Corporate Risk Management</b></p> <p>R4 The Health Board needs to rapidly complete remaining work to identify and address assurance gaps on its Strategic Risk and Assurance report and ensure it is actively owned by the Board and inform committee agenda setting.</p> <p>R5 The Health Board needs to complete the remaining work on its Risk Management Strategy and effectively embed arrangements across the organisation to help it manage the significant finance, performance, and quality risks it faces.</p>	<p>R4 - The Health Board approved the revised Risk Management Framework, which features an enhanced escalation process. The template now includes detailed information on sources of assurance, any gaps in assurance and necessary actions to close the gaps. Risk is used to inform the agenda setting for committees. More detail is provided in <b>paragraph 88</b>.</p> <p>We consider this recommendation: <b>Complete</b></p> <p>R5 - In January 2024 the Board approved the risk management framework and the underpinning policy. The Health Board have started training sessions with directorates and divisions and have more scheduled in the future. More detail is provided in <b>paragraph 88</b>.</p> <p>We consider this recommendation: <b>Complete</b></p>

Recommendation	Description of progress
<p><b>Structured Assessment 2023</b> <b>Integrated Performance Dashboard</b></p> <p>R6 In the Integrated Performance Dashboard, the Health Board should provide more information on the actions required to address underperformance, the impact of past actions taken and where appropriate include benchmarking with other health bodies. <b>(High Priority)</b></p>	<p>The performance reports and quarterly reports have been refreshed to align with the annual plan outcomes and KPIs. These have been strengthened with the actions and plan for delivery over the next period. There remains work to improve the reporting on the Quality and People Strategy. This is discussed in more detail in <b>paragraph 96</b>.</p> <p>We consider this recommendation: <b>Ongoing</b></p>
<p><b>Structured Assessment 2023</b> <b>Integrated Medium-Term Plan Progress Report</b></p> <p>R7 The Health Board should strengthen the IMTP Progress Report to ensure that it can be used as an effective tool for monitoring progress against the delivery of its strategic objectives. By including up to date data, and clear narrative on the impact of past and ongoing improvement actions. (High Priority)</p>	<p>The quarterly outcomes report has been updated maintaining the balance between a mix of definitive progress measures, and population outcome measures. The new format also supports including the actions and plans to address underperformance in key areas. More detail is provided in <b>paragraph 27</b>.</p> <p>Our assessment on progress against the recommendation: <b>Complete</b></p>

# Appendix 3

## Management response to audit recommendations

Exhibit 4: Aneurin Bevan University Health Board response to our audit recommendations

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R1.1	As part of its ongoing long-term strategy development, the Health Board should:  R1.1 Ensure the organisation's new long-term strategy clearly defines the required sustainable service solutions and decisions for the medium to longer term. This should include a strong focus on	Population Health and Prevention will be at the heart of the organisation's new long-term strategy and have been core themes from the engagement period.  The long-term strategy will set out a clear strategic direction for the organisation. It will provide clarity of long-term direction, long-term	June 2025- Strategy Publication	Director of Strategy, Planning and Partnerships

Ref	Recommendation	<b>Management response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	<b>Responsible officer (title)</b>
	population health and prevention. <b>(Paragraph 14)</b>	outcomes and provide a framework for decision making to support the sustainability of the organisation.  The long-term strategy will not set out specific service provisions however it will be supported by a number of plans. This will include the development of a refreshed clinical services plan for the organisation which will describe sustainable service solutions. Key to this will be the Strategic Outline Case for Nevill Hall Hospital which will be presented to the Board in May 2025.		
R1.2	Ensure there is comprehensive engagement with clinical and other staff across all domains of the organisations service provision to feed into the development of the new long-term strategy. (Paragraph 15)	Engagement with staff alongside the public has been core to the development of the new strategy. The engagement survey and materials were provided to all staff and over 40 face to face sessions	Completed December 2024	Director of Strategy, Planning and Partnerships

Ref	Recommendation	<b>Management response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	<b>Responsible officer (title)</b>
		took place with staff at all levels. Sessions took place with all clinical and non-clinical teams through divisional meetings as well as at wider clinical forums. Alongside this open drop in sessions took place at all hospital sites to allow staff to provide their views.		
R1.3	Publish well-being objectives either alongside or within its new long-term strategy and ensure Well-being of Future Generations (2015) Act requirements are an integral part of the strategy. (Paragraph 16)	Refreshed well-being objectives will be the organisational objectives and will be set within the new long-term Strategy.	June 2025	Director of Strategy, Planning and Partnerships
R2	To enable more effective scrutiny of delivery of corporate plans and strategies, the Health Board should ensure that progress reports are clear and contain performance	Work is underway to develop report templates and supporting guidance setting out requirements and standards. Report writing training will also be delivered to senior teams	September 2025	Director of Corporate Governance

Ref	Recommendation	<b>Management response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	<b>Responsible officer (title)</b>
	targets and comparative benchmarks, where possible. Reports should also contain clear progress against established milestones to aid scrutiny of progress. <b>(Paragraph 28)</b>	responsible for preparing board and committee papers.		
R3.1	To become financially sustainable in the longer-term, the Health Board should:  R3.1 develop a detailed longer-term financial plan that is linked to the new long-term strategy currently in development and ensure progress against delivery is reported appropriately. <b>(Paragraph 39)</b>	The long-term financial plan will be developed alongside the long-term strategy and will triangulate service, workforce and financial aspects of the strategy once measures and metrics of change are clarified. This will be iterative to ensure clarity of affordability and outcome benefits expected.	June 2025	Director of Finance and Procurement

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
R3.2	Develop a detailed route-map to support the delivery of the long- term strategy. <b>(Paragraph 39)</b>	As per recommendation 3.1, the financial plan will be developed alongside the service plan.	June 2025	Director of Finance and Procurement
R4.1	The Health Board should strengthen its oversight of Standing Financial Instruction and Single Tender Actions by:  R4.1 introducing a self-assessment on Standing Financial Instruction compliance; <b>(Paragraph 43)</b> and	A self-assessment of Standing Financial Instructions will be established as part of the annual review at year end to the Audit, Risk and Assurance Committee.	March 2025	Director of Finance and Procurement
R4.2	R4.2 ensuring Single Tender Action reports include total contract values, setting out whether Board or Welsh Government approval was needed, and provide trend analysis of	Single Tender Action reporting will be updated to include these elements.	March 2025	Director of Finance and Procurement

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	numbers and total values of Single Tender Actions for comparative periods in previous years. <b>(Paragraph 43)</b>			
R5	To enable deeper scrutiny of operational finance and performance the Health Board should increase the frequency of the finance and performance committee meetings. <b>(Paragraph 48)</b>	The 2025/26 Committee Planner has established meetings of the Finance and Performance Committee to be held bi-monthly as opposed to quarterly.	Complete	Director of Corporate Governance
R6	The Health Board should ensure there is effective separation of responsibilities between the role of the Health Board Chair and the Chair of the Partnerships, Population Health and Planning Committee. The Health Board should seek to appoint a separate committee chair from the	In 2025/26 the Partnerships, Population Health and Planning Committee will be chaired by the Vice Chair.	April 2025	Director of Corporate Governance

Ref	Recommendation	Management response Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date Please set out by when the planned actions will be complete	Responsible officer (title)
	wider cohort of independent members. <b>(Paragraph 64).</b>			
R7	The Health Board needs to allow sufficient time on Board meeting agendas for the committee chairs to report assurance to the Board and escalate any concerns. <b>(Paragraph 67)</b>	The format of committee chair reports to the Board will be reviewed to ensure clarity on escalation of issues that require the Board's attention whilst balancing the need to ensure the Board does not duplicate the work of its committees.	September 2025	Director of Corporate Governance
R8	The Health Board should ensure there is a clear approach that links the strategic risks in its risk register to the strategic objectives in its annual plan. <b>(Paragraph 86)</b>	The Strategic Risk Register will be reviewed and updated to ensure alignment of risks with the objectives of the IMTP and Annual Plan 2025/26.	April 2025	Director of Corporate Governance
R9	The Health Board should ensure there is a stronger focus on primary and community care performance	The Health Board acknowledges the recommendation and has included in the 2025/26 Planning Process is a	June 2025	Director of Strategy,

Ref	Recommendation	<b>Management response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	<b>Responsible officer (title)</b>
	within its Integrated Performance reports. <b>(Paragraph 95)</b>	stronger focus on Building Community Capacity and Population Health and Prevention aligned with the Ministerial Delivery Expectations. As part of the 2025/26 Plan and update of the Integrated Quarterly report, measures will be included for: <ul style="list-style-type: none"> <li>• Vaccinations,</li> <li>• Diabetes recommended care process delivery</li> <li>• Delayed Pathways of Care,</li> <li>• Access standards</li> <li>• Dental access,</li> <li>• Community nursing and palliative care resource levels</li> <li>• Enhanced Community Care</li> </ul> These are alongside the Primary Care Minimum Data set measures which also include Optometry and GMS and the Health Board Priorities for:		Planning and Partnerships

Ref	Recommendation	<b>Management response</b> Please set out here relevant commentary on the planned actions in response to the recommendations	<b>Completion date</b> Please set out by when the planned actions will be complete	<b>Responsible officer (title)</b>
		<ul style="list-style-type: none"> <li>• Transforming Community Services,</li> <li>• NCN and Place Based Care,</li> <li>• Premature Preventable Mortality</li> <li>• Facilitating early Discharge</li> </ul>		





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Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

# Annual Audit Report 2024 – Aneurin Bevan University Health Board

Audit year: 2023-24

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# Summary report

## About this report

- 1 This report summarises the findings from my 2024 audit work at Aneurin Bevan University Health Board (the Health Board) undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
  - examine and certify the accounts submitted to me by the [Health Board/Trust/Special Health Authority], and to lay them before the Senedd;
  - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
  - satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
  - Audit of accounts
  - Arrangements for securing economy, efficiency, and effectiveness in the use of resources
- 3 This year's audit work took place at a time when NHS bodies were continuing to respond to a broad set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. My work programme, therefore, was designed to best assure the people of Wales that public funds are well managed.
- 4 We largely continued to work and engage remotely where possible through the use of technology, but some on-site audit work resumed where it was appropriate to do so. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.
- 5 The audited accounts submission deadline was shortened by two weeks from the previous year to 15 July 2024. The financial statements were certified on 12 July 2024, meaning the deadline was met. This reflects a great collective effort by both my staff and the Health Board's officers.
- 6 The focus and approach of my performance audit work continues to be aligned to the post-pandemic challenges facing the NHS in Wales and is conducted in line with INTOSAI<sup>1</sup> auditing standards.
- 7 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1**). I also include a summary of the status of work still underway, but not yet completed.

<sup>1</sup> INTOSAI (International Organisation of Supreme Audit Institutions) is a global umbrella organisation for the performance audit community. It is a non-governmental organisation with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations.

- 8 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2024 Audit Plan.
- 9 **Appendix 3** sets out the audit of accounts risks set out in my 2024 Audit Plan and how they were addressed through the audit.
- 10 The Chief Executive and the Director of Finance have agreed the factual accuracy of this report. We presented it to the Audit Committee on 18 February 2025. The Board will receive the report at a later Board meeting. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the [Audit Wales website](#) after the Board have considered it.
- 11 I would like to thank the Health Board's staff and members for their help and co-operation throughout my audit.

## Key messages

### Audit of accounts

- 12 I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit) however, I brought some issues to the attention of officers and the Audit and Risk Assurance Committee for improvement.
- 13 The Health Board did not achieve financial balance for the three-year period ending 31 March 2024, which I deem to be outside its powers to spend, so I have issued a qualified opinion on the regularity of the financial transactions within the Health Board's 2023-24 accounts.
- 14 Alongside my audit opinion, I placed a substantive report on the Health Board's accounts to highlight the failure to achieve financial balance and the failure to have an approved three-year plan in place.

### Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 15 My programme of Performance Audit work has led me to draw the following conclusions:
- whilst the Health Board did not achieve its deficit control total or savings target for 2023-24, it delivered significantly more savings than in prior years. However, given its financial position remains very challenging the Health Board urgently needs to develop a longer-term financial plan focused on achieving recurrent savings from transformational service change, and further embed its savings approach through its Value and Sustainability Board.

- the Health Board’s board and committee governance arrangements are stable and generally effective. However, given its financial and performance challenges, the development of a new long-term strategy and delivery of its three-year “route map” are crucial to enabling the organisation to transform services to meet current and future demand.
- despite a clear focus on improving patient flow within the region, a significant number of medically fit patients are occupying hospital beds. This continues to have serious knock-on effects on other NHS pathways of care and creates risks for patients’ physical and mental well-being. More timely assessments of patients, a less risk averse approach to discharge planning and more consistent application of discharge policy is needed. Workforce and IT system challenges continue to be key barriers that partners will need to focus on securing value from the investments they have made and to achieving the improvements they recognise are needed.
- There has been mixed progress against my previous recommendations on discharge planning with only two out of seven being fully implemented.

16 These findings are considered further in the following sections.

# Detailed report

## Audit of accounts

- 17 Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation's financial performance and set out its net assets, net operating costs, gains and losses, and cash flows. My annual audit of those accounts provides an opinion on both their accuracy and the proper use ('regularity') of public monies.
- 18 My 2024 Audit Plan set out the key risks for audit of the accounts for 2023-24 and these are detailed along with how they were addressed in **Exhibit 4, Appendix 3**.
- 19 My responsibilities in auditing the accounts are described in my [Statement of Responsibilities](#) publications, which are available on the [Audit Wales website](#).

## Accuracy and preparation of the 2023-24 accounts

- 20 I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit) however, I brought some issues to the attention of officers and the Audit and Risk Assurance Committee for improvement.
- 21 I must report issues arising from my work to those charged with governance (the Audit and Risk Assurance Committee) for consideration before I issue my audit opinion on the accounts. My Financial Audit Manager reported these issues on 9 July 2024. **Exhibit 1** summarises the key issues set out in that report.

### Exhibit 1: issues reported to the Audit Committee

Issue	Auditors' comments
Uncorrected misstatements	There were no corrected misstatements
Corrected misstatements	There were a number of adjustments made to the draft accounts, the net effect of which was to increase the deficit by £12k.
Other significant issues	I qualified my regularity opinion and issued a substantive report because the Health Board did not achieve its financial duty to achieve financial balance for the three-years 2021-22 to 2023-24.

- 22 I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Health Board's financial position on 31 March 2024 and the return was prepared in accordance with the Treasury's instructions.
- 23 My separate audit of the charitable funds accounts is nearing completion and scheduled to be reported to trustees on 22 January 2025.

## Regularity of financial transactions

- 24 The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive income and incur expenditure. My work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.
- 25 Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion.
- 26 The Health Board did not achieve financial balance for the three-year period ending 31 March 2024, which I deem to be outside its powers to spend, so I have issued a qualified opinion on the regularity of the financial transactions within the Health Board's 2023-24 accounts.
- 27 In 2023-24 the Health Board exceeded its revenue resource allocation by £49.766 million and over the three-year period 2021-22 to 2023-24, the Health Board exceeded its cumulative revenue resource limit of £5,007.912 million by £86.359 million.
- 28 Alongside my audit opinion, I placed a substantive report on the Health Board's accounts to highlight the failure to achieve financial balance and the failure to have an approved three-year plan in place.
- 29 I have the power to place a substantive report on the Health Board's accounts alongside my opinions where I want to highlight issues. Due to the issues set out above, I issued a substantive report setting out the factual details.

## Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 30 I have a statutory requirement to satisfy myself that Health Board has proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:
- reviewing the effectiveness of the Health Board's cost savings arrangements; and

- undertaking a structured assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically;
- reviewing the effectiveness of the Health Board's arrangements, in partnership with social services, to support timely patient flow out of hospital across the Region; and
- assessing the extent to which the Health Board has implemented my 2017 recommendations on discharge planning.

31 My conclusions based on this work are set out below.

## Review of cost savings arrangements

32 My review examined whether the Health Board has an effective approach to identifying, delivering, and monitoring sustainable cost savings opportunities. It considered the impact these arrangements had on the Health Board's 2023-24 year-end position and highlighted where arrangements may need to be strengthened for 2024-25 and beyond.

33 My work found that **whilst the Health Board did not achieve its deficit control total or savings target for 2023-24, it delivered significantly more savings than in prior years. However, given its financial position remains very challenging the Health Board urgently needs to develop a longer-term financial plan focused on achieving recurrent savings from transformational service change, and further embed its savings approach through its Value and Sustainability Board.**

34 The Health Board has clear arrangements in place for identifying and analysing the areas that are driving its costs in the short- to medium-term. This includes but is not limited to variable (temporary) staff pay costs, Continuing Health Care, prescribing, energy, delayed transfers of care, growth in demand for services and capacity challenges. The Health Board uses evidence from a wide range of data sources to analyse and identify savings opportunities. This is a key element of the work of the Health Board's Value and Sustainability Board, which meets fortnightly to consider progress across defined savings workstreams (such as workforce, medicines management, and service redesign) using data from external intelligence sources, independent reviews, and audits. The identified opportunities are captured within the Health Board's Compendium<sup>2</sup>, which provides a central repository for identifying and monitoring progress on both national and local savings opportunities.

35 The Health Board's Value and Sustainability Board provides oversees the organisation's arrangements for identifying and assessing the quality implications of savings schemes. The Health Board is also developing other mechanisms to assess impact, risks, and benefits for savings schemes that require investment,

<sup>2</sup> Compendium - Is the Health Board's repository for savings and efficiency ideas and initiatives, drawn from a wide variety of sources.

such as its Pre-Investment Panel. Despite these defined processes, there is an inconsistency in the extent to which they have been routinely applied across all identified savings schemes. The Health Board has made some positive initial steps to develop a short-medium term financial plan. In July 2024, it approved a three-year route map which aims to achieve its £13 million control total by 2025-26 and deliver financial balance by 2026-27. The Health Board has also invested in developing financial skills and capabilities to support its savings delivery; however, there is scope to increase finance training for managers and leaders.

- 36 The Health Board has well-developed arrangements in place for monitoring the delivery of savings. The finance reports, which form the basis of its savings reporting, provide both a summary of progress against the key cost drivers and granular detail on savings performance across the divisions and directorates within in the report's appendices. However, there needs to be greater focus on the delivery and barriers getting in the way of longer-term transformational savings.

## Structured assessment

- 37 My 2024 structured assessment work took place at a time when NHS bodies were continuing to respond to a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. In addition, NHS bodies are still dealing with the legacy of the COVID-19 pandemic. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high-quality, safe and responsive services, and that public money is being spent wisely.
- 38 My team focussed on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on: Board transparency, effectiveness, and cohesion; corporate systems of assurance; corporate approach to planning; and corporate approach to managing financial resources. Auditors also paid attention to progress made to address previous recommendations.
- 39 At the time of my structured assessment work, the Health Board was subject to escalation under the Welsh Government's escalation and intervention arrangements. The position as of November 2023, is that the Health Board is escalated to Level 4 for finance, strategy and planning and Level 3 for performance and outcomes related to urgent and emergency care pathways at The Grange University hospital emergency department.

## Corporate approach to planning

- 40 My work considered whether the Health Board has a sound corporate approach to planning. I paid particular attention to the organisation's arrangements for:
- producing and overseeing the development of strategies and corporate plans, including the Integrated Medium-Term Plan; and

- overseeing the delivery of corporate strategies and plans.

- 41 My work found that **Health Board’s approach to developing and delivering strategic plans is reasonably effective. However, the approach is not yet enabling it to deliver sustainable services that meet demand. As a result, it is imperative that its ongoing long-term strategy development provides the basis and ambition for planning and transforming services that meet current and future needs.**
- 42 The Health Board’s extant Clinical Futures Strategy has helped guide service sustainable developments and supporting infrastructure. However, the Health Board is facing performance and financial challenges which means that it is struggling to sustainably meet population health needs. The development of a new long-term strategy is a clear priority for the Health Board, which it intends to publish in 2025. This will need to effectively consider and embed the requirements of the Wellbeing of Future Generations (Wales) Act 2015 and include a review of the organisation’s wellbeing objectives. The Health Board also demonstrates generally effective arrangements for developing strategic plans built on good engagement.
- 43 The Health Board is working to an Annual Plan for 2024-25 as it was unable to submit an approvable, financially balanced Integrated Medium-Term Plan for 2024-27 to Welsh Government. The Health Board received some challenge from Welsh Government on the draft annual plan requiring it to demonstrate greater ambition for improvement and service recovery. Quarterly IMTP progress reporting has improved but reports on the progress of some of the Health Board’s other key plans are sometimes difficult to read and gain assurance from.

## Corporate approach to managing financial resources

- 44 My work considered whether the has a sound corporate approach to managing its financial resources. I paid particular attention to the organisation’s arrangements for:
- achieving its financial objectives;
  - overseeing financial planning;
  - overseeing financial management; and
  - overseeing financial performance.
- 45 My work found that **Health Board is improving its financial controls and has a stronger focus on value and savings delivery. However, its significant and ongoing financial challenges suggest that it needs a longer-term and detailed financial strategy aligned to sustainable care models.**
- 46 Despite additional funding from Welsh Government, the Health Board did not meet its key financial objectives and duties for 2023-24. In December 2024, the Welsh Government announced a further additional £40.5 million allocation<sup>3</sup>, which if

<sup>3</sup> £9.5 million is recurring and £31 million will be recurring funding if the Health Board achieves the conditions set out in its allocation letter.

certain conditions are met, could result in this funding becoming recurring. This will help the Health Board substantially in the current year and could help to reduce the underlying deficit in future years. However, because the Health Board is required to achieve a rolling three-year breakeven position, its historical financial deficit will make it unlikely to achieve its key financial revenue targets for 2022-25.

- 47 The Health Board has improving arrangements for Board and committee oversight of financial planning. While there is improving engagement and oversight of financial planning, there is a clear need to develop a longer-term financial recovery plan linked to the emerging long-term strategy and three-year financial route-map.
- 48 The Health Board has strengthened its structures and resources to support divisional savings delivery and there is stronger accountability and shared ownership for savings led by the bi-weekly Value and Sustainability Board.
- 49 The Board reviews Standing Orders and Standing Financial Instructions frequently and its committees appropriately oversee and scrutinise financial performance, with finance reports providing sufficient information to enable appropriate scrutiny and oversight. Reports are transparent and supported by detailed explanation from the relevant Executive leads. The Audit, Risk and Assurance Committee gain a wide range of assurances on financial compliance, the programme of internal audit and counter fraud work. However, Standing Financial Instruction compliance and single tender actions monitoring could be strengthened.

## Board transparency, effectiveness, and cohesion

- 50 My work considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently. I paid particular attention to:
- Public transparency of Board business
  - Arrangements to support the conduct of Board business
  - Board and committee structure, business, meetings, and flows of assurance
  - Board commitment to hearing from staff, users, other stakeholders
  - Board skills, experiences, cohesiveness, and commitment to improvement
- 51 My work found that **despite reasonably effective Board and committee arrangements, the Health Board should, increase the number of patient safety leadership walkarounds, and improve committee chairs' reporting to Board.**
- 52 The Board and committee structure is generally operating well. Board and committees continue to operate transparently with open discussion on key Health Board challenges. Board members hold open and frank discussions on the Health Board's performance, finance, and quality challenges. Meetings are well chaired and there are reasonably effective arrangements in place to support flows of assurance from committees to the Board and the referral of information between committees. However, the Health Board could strengthen arrangements for committees to formally escalate issues to the Board.

- 53 Board and committee papers are generally clear and support effective decision making. The Health Board has increased capacity within the Corporate Governance Team this year, which has enabled improvements. This includes developing the new Risk Management Framework and updating other important policies. It estimates that around 55% of its policies are out of date, however, there is targeted work ongoing both to remedy the position and to determine the status and need for all these policies.
- 54 The Board is cohesive and committed to continuous improvement, with good Board member induction and training opportunities. The Board has a stable cadre of Independent Members with good lines of communication and awareness of respective roles and responsibilities amongst its members. It also continues to demonstrate a positive commitment to hearing from staff and patients. However, it needs to improve Patient Safety Leadership Walkarounds. Between May 2023 and October 2024, only a third of the pre-arranged visits took place.

### Corporate systems of assurance

- 55 My work considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services. I paid particular attention to the organisation's arrangements for:
- overseeing strategic and corporate risks;
  - overseeing organisational performance;
  - overseeing the quality and safety of services; and
  - tracking recommendations.
- 56 My work found that **while the Health Board is strengthening its assurance arrangements and its performance management approach is improving, further work is needed.**
- 57 Despite the Health Board's continued focus on refining the Board Assurance Framework, the Board still needs to more clearly link its strategic risks to the strategic objectives within its Annual Plan. The Health Board is continuing to strengthen its strategic risk approach by undertaking assurance mapping and identifying the assurances it needs for each strategic risk.
- The Health Board's approach to performance management, accountability and oversight is improving. The Health Board introduced its Performance Management and Accountability Framework in September 2023, and it is demonstrating that it is appropriately using its approach to review and escalate (or de-escalate) services based on their performance.
- The Health Board continues to have reasonably effective arrangements for monitoring progress against internal audit, external audit, and Healthcare Inspectorate Wales recommendations.

## Urgent and emergency care

- 58 My work examined different aspects of the urgent and emergency care system focused on patient flow out of hospital, progress against my previous discharge planning recommendations, and arrangements for managing demand. My work on arrangements for managing demand is due to be reported in May 2025 and will therefore be captured in next year's Annual Audit Report.

### Patient flow out of hospital

- 59 My regional review examined whether the Health Board and its social services partners have effective arrangements to ensure the timely discharge of patients out of hospital. It focussed on the scale of the challenge, and the factors impacting on effective and timely flow out of hospital. My work also considered the action being taken by the Health Board and its statutory partners, including through the Regional Partnership Board, and what more can be done to reduce some of the challenges currently being experienced by the health and social care system.
- 60 My work found that **despite a clear focus on improving patient flow within the region, a significant number of medically fit patients are occupying hospital beds. This continues to have serious knock-on effects on other NHS pathways of care and creates risks for patients' physical and mental well-being. More timely assessments of patients, a less risk averse approach to discharge planning and more consistent application of discharge policy is needed. Workforce and IT system challenges continue to be key barriers that partners will need to focus on securing value from the investments they have made and achieving the improvements they recognise are needed.**
- 61 For the twelve months up to and including February 2024, each month there were an average of 250 medically fit patients in the Health Board's hospitals whose discharge was delayed equating to 55,685 bed days lost and potential resource loss of £27.8 million. The consequent impact on patient flow within hospitals and the urgent and emergency care system is significant, with waiting times in emergency departments and ambulance handovers falling well short of national targets. In February 2024, there were over 3,000 lost ambulance hours because of handover delays, and the average wait within the Health Board's emergency department was 8.5 hours.
- 62 Several factors are contributing to delayed discharges. Complexity and volume of demand is increasing in line with an ageing population, but the pressures may be exacerbated by being risk averse to or delays in patient discharge. Workforce capacity in both health and social care is a challenge for the region, impacting on joint and clinical assessments, although waits for social care assessments are less problematic than many other parts of Wales, and the care sector capacity across the region is generally meeting demand.
- 63 Financial resources are being targeted to support patient flow with positive outcomes, although the ability of the partners to match fund is increasingly challenging. There is clear oversight and scrutiny of actions being taken to improve

patient flow, although more could be done to gather patient and service user feedback and oversee compliance with current discharge policies. However, there is a clear recognition by regional partners of the problems associated with discharge, the number of delayed discharges across the region have not significantly reduced.

## Discharge planning: progress update

- 64 In undertaking my regional review of arrangements to support patient flow, I have also taken the opportunity to consider progress made by the Health Board in addressing my previous 2017 recommendations relating to discharge planning.
- 65 My work found that there has **been mixed progress against my previous recommendations**. My 2017 report made four recommendations that set out seven specific actions for the Health Board. Noting that the Health Board had accepted these recommendations, my follow up work found that:
- no progress has been made against one of the actions;
  - work is still ongoing against four of the actions; and
  - two of the actions have been implemented.
- 66 The Health Board has made progress developing supporting tools for discharge, but these have not been developed with partners and the communication and monitoring of the tools needs improving. For example, it has developed a discharge policy but has missed the opportunity to develop an integrated approach across partners. I found clear guidance setting out when patient transport should be used. However, there is a lack of awareness of the transport booking policy and communicating predicted waiting times continues to be reliant on local arrangements.
- 67 The Health Board has taken steps to improve its staff induction training in relation to discharge but needs to go further to improve refresher training and embed joint training with other partners. The Health Board's corporate induction programme includes the discharge policy, and discharge planning training is provided to all newly registered nurses along with competency checks and ad-hoc training for new starters. However, the Health Board's programme of refresher training on discharge planning was impacted by the pandemic and further work is required to ensure that this training is consistently implemented across each hospital site.
- 68 There is no access for health staff to up to-date information about waiting times for needs assessments or services to commence, although there are examples of positive integrated working which provide information on a case-by-case basis. In addition, many staff are unaware of the complete range of community-based services that can support discharge planning and the associated waiting times for those services to commence.

# Appendix 1

## Reports issued since my last annual audit report

### Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2024.

Report	Date
<b>Financial audit reports</b>	
Audit of Financial Statements Report	July 2024
Opinion on the Financial Statements	July 2024
Audit of Accounts Report Addendum	October 2024
Audit of Charitable Funds Audit of Financial Statements Report and Opinion of the Financial Statements	January 2025
<b>Performance audit reports</b>	
Structured Assessment 2024	December 2024
Review of Cost Savings Arrangements	December 2024
Unscheduled Care: Flow out of Hospital	January 2025
Discharge Planning: Progress Update	January 2025
<b>Other</b>	

Report	Date
2024 Audit Plan	April 2024

My wider programme of national value-for-money studies in 2024 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the [Audit Wales website](#).

### Exhibit 3: performance audit work still underway

There are several performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Review of Quality Governance	March 2025
Review of Planned Care Services Recovery	March 2025
Eye care services	April 2025
Urgent and Emergency Care – Arrangements for Managing Demand	June 2025
Review of Digital Transformation	June 2025

# Appendix 2

## Audit fee

The 2024 Audit Plan set out the proposed audit fee of £454,611 (excluding VAT). My latest estimate of the actual fee, on the basis that some work remains in progress, is that there will be a refund on the accounts work. This is currently being finalised and we will update the Director of Finance once completed.

# Appendix 3

## Audit of accounts risks

### Exhibit 4: audit of accounts risks

My 2024 Audit Plan set out the risks of material misstatement and/or irregularity for the audit of the Health Board's 2023-24 accounts. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
<p>The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> <li>• test the appropriateness of journal entries and other adjustments made in preparing the financial statements;</li> <li>• review accounting estimates for bias; and</li> <li>• evaluate the rationale for any significant transactions outside the normal course of business.</li> </ul>	<p>No material issues arose from the work completed.</p>
<p>Financial Duty The position at month 11 shows a year-to-date deficit of £47.6 million and a forecast year-end deficit of £49.9 million which is in excess of the Minister's published control total. This, combined with the outturns for 2021-22 and 2022-23, predicts a three-year deficit of £86 million.</p> <p>Where you fail this financial duty, we will place a substantive report on the financial statements highlighting the failure and qualify your regularity opinion.</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> <li>• continue to monitor the Health Board's financial position for 2023-24 and the cumulative three-year position to 31 March 2024.</li> <li>• undertake testing on areas of the financial statements which contain judgements such year-end accrual to ensure transactions have been reported in the correct reporting accounting period; and</li> <li>• consider the impact of any relevant uncorrected misstatements over the three years.</li> </ul>	<p>My audit team reviewed year-end transactions, in particular accruals and cut-off. No matters arose from the work carried out.</p> <p>I chose to place a substantive report on the financial statements explaining the failure to break even over a three period and the circumstances under which it arose.</p>

Audit risk	Proposed audit response	Work done and outcome
<p>From 1 December 2023, the Losses and Special Payments Register (LaSPaR), used to calculate the losses and many of the provisions balances in the accounts, has been de-commissioned.</p> <p>For the remainder of 2023-24, a model excel spreadsheet will be used to record losses, special payments and to calculate year-end balances.</p> <p>There is a risk that the transactions and balances related to losses and special payments are materially misstated due to:</p> <ul style="list-style-type: none"> <li>the data transfer between the LaSPaR system and the excel model not being complete and accurate; and/or</li> <li>the excel model miscalculating balances, due to spreadsheet/modelling errors and/or incorrect data entry.</li> </ul>	<p>The audit team will:</p> <ul style="list-style-type: none"> <li>test the completeness and accuracy of data transfer from the LaSPaR system to the excel based spreadsheets;</li> <li>consider the design and implementation of controls (if any) in place to mitigate error;</li> <li>review the year-end spreadsheet to ensure that there are no significant errors or issues in the compilation of figures for the accounts; and</li> <li>review transactions back to supporting evidence (e.g. Quantum reports) on a sample basis.</li> </ul>	<p>No material issues arose from the work completed.</p>
<p>Some of the disclosures in the financial statements, such as related parties and the remuneration report, are judged to be material by nature, with a far lower level of materiality. These disclosures are therefore inherently prone to material misstatement.</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> <li>examine all entries in the remuneration report to verify that they are materially accurate, and that remuneration has been paid at the approved levels; and</li> <li>verify that all necessary signed declarations have been received, evaluated and disclosed</li> </ul>	<p>Our work in this area identified some issues relating to both related parties and the remuneration report. These were reported to those charged with governance in the Audit of Accounts report prior to the accounts being approved and signed off.</p>

Audit risk	Proposed audit response	Work done and outcome
	appropriately and accurately.	
<p>In the previous two audits, issues have been identified regarding the verification of existence of non-current assets held on the balance sheet, particularly those held at nil Net Book Value. There is therefore a risk that the balance sheet is materially misstated</p>	<p>My audit team will undertake testing to verify the existence of assets on the balance sheet.</p>	<p>No material issues arose from the work completed.</p>
<p>Provisions and contingent liabilities are measured as the best estimate of the expenditure required to settle present obligations. Due to the level of estimation involved in the calculation of provisions, there is a risk that provisions are susceptible to management over-ride. The audit of the 2022-23 financial statements identified misclassification of some provision and contingent liability balances. This is therefore an area of audit risk.</p>	<p>My audit team will:</p> <ul style="list-style-type: none"> <li>• test the appropriateness of these balances;</li> <li>• review the estimates for bias; and</li> <li>• test the appropriateness of the classification of balances.</li> </ul>	<p>No material issues arose from the work completed.</p>



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We welcome correspondence and telephone calls in Welsh and English.  
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	26 March 2025
<b>CYFARFOD O:</b> <b>MEETING OF:</b>	Board
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	<b>Q3 Quarterly Integrated Performance Report – March</b>
<b>CYFARWYDDWR</b> <b>ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Hannah Evans, Director of Strategy, Planning and Partnerships Sarah Simmonds, Director for Workforce and OD, Jennifer Winslade, Director of Nursing Robert Holcombe, Director of Finance
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Trish Chalk, Assistant for Director Planning and Performance Marie-Claire Griffiths, Head of Strategic Planning Paul Steynor, Head of System Planning and Performance

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)

**Purpose of the Report** (select as appropriate)

Er Sicrwydd/For Assurance

## ADRODDIAD SCAA

### SBAR REPORT

#### Sefyllfa / Situation

The purpose of this report is to provide the Board with an integrated overview of performance against the key Health Board and Ministerial Priorities at the end of Quarter 3 of 2024/25, with performance figures including the most up-to-date, validated positions.

The Board is asked to:

- **Note** the progress against key performance metrics
- **Note** the planned Actions and progress against milestones

## Cefndir / Background

This report focusses on specific performance against the organisation's key priorities in line with the National Performance Framework, Ministerial and Cabinet priorities.

## Asesiad / Assessment

This report is structured across sections as follows:

- Performance Summary
- Section 1: Cabinet Secretary Priorities
- Section 2: Our Performance & System Change Delivery, which include the System Change Priorities
  - Embedding Prevention and Population Health in all that we do
  - Progressing place-based models of care and sustainability in Primary and Community Services
  - Improving our Urgent & Emergency Care system focusing on experience, access and discharge pathways
  - Continuing to prioritise Cancer, Urgent and the longest waiting patients for Planned Care
  - Improving our Mental Health Services
- Quality & Patient Safety
- Workforce
- Finance

This report is in the quarterly format and will cover the commitments in the Annual Plan, bringing together the wider reporting on system change priorities, value and sustainability and our enablers on a quarterly basis.

There have been several key highlights in Quarter 3.

- We have seen a significant improvement in performance for the Ministerial Priority for the Mental Health Part 1b measure, across both adults and CAMHS. Performance in Adult Mental Health has risen from 19.1% at Q2 to 87.7%, and CAMHS from 2.4% to 84.8% in the same period. These are now meeting the national standard.
- Reported Pathway of Care Delays (POCDs) have decreased in the latest period by almost 25%, and is the subject of internal scrutiny and improvement focus to continue this trend into Q4 and next year. This has been enabled by effective partnership working linked to the 50-day challenge.
- The 62 and 104 day backlog for the SCP has seen sustained reduction over the first 3 quarters, with tumour site specific Task and Finish groups being instrumental in delivering the improvement in this position. Performance for decision to treat within 28 days has also improved over the quarter, reaching 92.9%.
- There has been good progress in the delivery of Planned Care in line with revised trajectories as a result of additional funding for ENT, Orthopaedics and Ophthalmology. The position for patients waiting more than 104 weeks has reduced from 4,408 at the end of Q1 (June) to 1,695 in February 25. Patients



waiting more than 8 weeks for a specified diagnostic has improved from 4,221 at the end of Q1 (June) to 1,619 over the same period. Patients waiting more than 156 weeks is zero as of February 25.

- Despite challenges in other areas of Urgent and Emergency Care (UEC), performance for 4hr ED and MIU compliance has been stable throughout the year to date and remains relatively consistent at 75% at the end of Q3.

There are some areas of performance which remain challenged at the end of Q3:

- Sustaining improvements made in the first part of the year in the Urgent and Emergency Care System has been challenging, with continued observed variability in performance across days and weeks, exacerbated by the extreme winter pressures which have impacted on whole system flow. Key performance measures for ambulance handovers and time spent in ED have been affected and deviated from previous improvement trajectories, although seasonality is to be expected in this domain.
- Single cancer pathway compliance over the quarter has been mixed, with performance at 61.3% at the end of Q3 against a trajectory of 67%. The year-to-date trajectory is, however, positive.
- Sickness Absence in Dec 24 was 7.30% which has increased from 5.92% as reported end of March 24.

Key areas of focus for the final quarter of the year, are:

- Delivery of Planned Care schemes to reduce the number of patients waiting more 104 weeks to as close to zero as possible, noting some risks. This will be primarily enabled by funded schemes across Ophthalmology, T&O and ENT.
- Continued reduction of breach volume of the 8 week diagnostic standard, again enabled by additional funding in Endoscopy and Neurophysiology. This will be working towards an updated year end position of 987.
- Continued improvement of 0-18s Neurodevelopment assessment waiting times standards, working towards the national ambition of 80%.
- Further reviews of Cancer performance by tumour site with actions to improve Single Cancer pathway compliance.
- Continuation of the work commenced as part of the 50-day challenge to improve flow through the hospital system which will support improvements in patient experience, as well as performance measures for UEC and POCDs.

### **Argymhelliad / Recommendation**

Board is asked to:

- NOTE the progress achieved at the end of Quarter 3 24/25.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:  
Datix Risk Register Reference and Score:

The report highlights key risks for delivery against the IMTP



Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 1.1 Health Promotion, Protection and Improvement 2. Safe Care 2.1 Managing Risk and Promoting Health and Safety
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item.  This is a report against the Integrated Medium-Term Plan and the key organisational priorities, informed by our detailed understanding of how our system operates.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Within the paper
Rhestr Termau: Glossary of Terms:	Within the paper
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
	<b>Is EIA Required and included with this paper No does not meet requirements</b>
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.



	If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<p><b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio</b>  <b>Well Being of Future Generations Act – 5 ways of working</b></p> <p><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a></p>	Choose an item. Choose an item.



# Quarterly Integrated Performance Report

## Quarter 3

- Embedding **Prevention** and Population Health in all that we do
- Progressing place based models of care and sustainability in **primary and community services**
- Improving our **Urgent and emergency care** system focusing on experience, access and discharge pathways
- Continuing to prioritise **cancer, urgent and the longest waiting patients** for planned care
- Improving our **Mental health services**



# CONTENTS

**Performance Summary**

**Section 1: Cabinet Secretary Priorities**

**Section 2: Our Performance & System Change Delivery**

### What went well this period?

- The 2024/25 reported forecast is a £7.356m deficit which is a £40.5m improvement from the forecasted £48.9m deficit, due to Welsh Government funding.
- Following significant focus on improvement for the ministerial expectations for Mental Health measure Part 1b, across both adults and CAMHS, there has been a huge increase in compliance with both services now meeting the national standard. Part 1a has also seen improvement over the quarter to meet the national standard.
- There has been good progress with the 104wk+ position as a result of additional funding, although there are some risks being reported with respect to delivery of 0 patients waiting over 104 weeks. Similarly for 8 week diagnostics, additional funding is on track to delivered a much reduced year end position. Patients waiting more than 156 weeks is zero as of February 2025.
- Pathway of Care Delays (POCDs) has seen a significantly improved position from Q2 (262), reducing by 19.8% to 210 in Feb.
- The overall reduction in Administration and Clerical staff has been 69.8 WTE which has exceeded the 2% administration target.
- Patient experience feedback for Q3 was 1,735 responses with 88% satisfaction.

### What were the challenges this period?

- Sustaining improvements made in Q1 in the Urgent and Emergency Care System has been challenging, with continued observed variability in performance across days and weeks, exacerbated by the extreme winter pressures.
- Single cancer pathway compliance has been relatively stable over the past 4 months, albeit with some small fluctuations, with performance at 63.2% at the end of Jan against a trajectory of 67%. The year-to-date trajectory is, however positive.
- In Mental Health, performance for the 26 week wait standard for psychological therapies has trended downwards. This will be the next area of improvement focus following delivery of improvement in Part 1.
- Sickness Absence in Dec 24 was 7.30% which has increased from 5.92 % as reported end of March 24.

### What actions are we taking to improve?

- Recruitment of additional Emergency Department consultants was undertaken & expected to be in post by April, to help with the improvement of key UEC metrics.
- Work is ongoing as part of the 50 day challenge with Local Authority partners to reduce delays in the system and improve hospital flow, with a particular focus on those patients with the longest delays. This includes the Optimal Ward model being piloted at 3 wards at RGH from January, increasing those accessing the Hospital 2 Home pathway, and increase in 7 day working for social care to support greater weekend discharges.
- Ongoing work to embed SAFER and deconditioning prevention principles across wards.
- Opening of the larger Transfer Lounge at GUH will be completed in March.
- Diabetes prevention model in place for Caerphilly and Blaenau Gwent with further roll out planned
- Increasing consultations through Common Ailment Scheme to reduce pressure on GPs

### What are our risks to delivery?

- Impact of operational pressures on capacity of teams and system.
- Winter pressures and potential impact on workforce capacity and resilience.
- Ensuring delivery to end of year trajectories of funded planned care activities for schemes for 104wk+ waits.
- National workforce shortages in areas where planned care monies have been provided e.g. Neurophysiology.
- Full achievement of saving opportunities and drug cost growth could impact our financial forecast
- Demand and acuity increases.

### Section 1: Cabinet Secretary Priorities

The Cabinet Secretary for Health and Social Services has set out National Programmes of work covering the priority areas of delivery. These priority areas are:

- Enhanced Care in the Community, with a focus on reducing delayed pathways of care
- Primary and Community Care, with a focus on improving access and shifting resources into Primary and Community Care
- Urgent and Emergency Care, with a focus on delivery of the 6 goals programme
- Planned Care and Cancer, with a focus on reducing the longest waits
- Mental Health, including CAMHS, with a focus on delivery of the national programme

Further to these priority areas the Welsh Government and NHS Wales have identified 8 Key Performance Indicators across Urgent and Emergency Care, Cancer, Diagnostics, Elective Care and Mental Health Services.

Section 1 provides an overview of the Health Board performance of the Key Performance Indicators outlined by Welsh Government and Health Board commitments related to the delivery of the priority areas.

For a more in-depth view on performance for each priority, please follow the links in the NHS Performance Report column.

## Cabinet Secretary Priorities

Priority	Aim	ABUHB commitment	Ability to meet national standard?	In month performance against trajectory	Link in Performance Report
Enhanced Care in the Community	<b>Measure:</b> Number of delayed transfers of care. <b>National standard/ambition:</b> 12 month reduction trend <b>Reporting period:</b> Monthly	<b>250</b> Mar-25	Yes	<b>210</b> Feb-25 (Trajectory: 254)	<a href="#">Hyperlink to section</a>
Primary and Community Care	<b>Measure:</b> General Medical Services (GMS) – Number of GP practices achieving core access standards <b>National standard/ambition:</b> 100% <b>Reporting period:</b> Annual – in month position for information	<b>100%</b>	Yes	<b>100%</b> Dec-24 (Trajectory: 100%)	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> General Dental Services (GDS) - % of contract value fulfilled <b>National standard:</b> 30% of contract value by end Q2, 100% Q4 <b>Reporting period:</b> Six Monthly	<b>30%</b> Sep-24 <b>100%</b> Mar-25	Yes	<b>62%</b> Sep-24 (Trajectory: 30%)	<a href="#">Hyperlink to section</a>
Urgent and Emergency Care	<b>Measure:</b> Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge <b>National standard/ambition:</b> 20% reduction by September 2024, further 20% reduction by March 2025 <b>Reporting period:</b> Monthly	<b>945</b> Mar-25	Yes	<b>1,175</b> Feb-25 (Trajectory: 984)	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> Number of ambulance patient handovers over 1 hour <b>National standard/ambition:</b> 30% reduction by December 2024 <b>Reporting period:</b> Monthly	<b>705</b> Mar-25	Yes	<b>771</b> Feb-25 (Trajectory: 705)	<a href="#">Hyperlink to section</a>
Planned Care and Cancer	<b>Measure:</b> Number of patients waiting more than 52 weeks for a new outpatient appointment <b>National standard/ambition:</b> 40% reduction by end of September 2024, 0 by end of March 2025 <b>Reporting period:</b> Monthly	<b>16,500</b> Mar-25	No	<b>14,978</b> Feb-25 (Trajectory: 16,380)	<a href="#">Hyperlink to section</a>
	<b>Measure:</b> Number of patients waiting more than 104 weeks for referral to treatment <b>National standard/ambition:</b> 0 by end of December 2024 <b>Reporting period:</b> Monthly	<b>0*</b> Mar-25	No	<b>1,605</b> Feb-25 (Revised EOY Trajectory: 0 with risks)	<a href="#">Hyperlink to section</a>

	<p><b>Measure:</b> Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)</p> <p><b>National standard/ambition:</b> 60% by end of December 2024, 70% by end of March 2025</p> <p><b>Reporting period:</b> Monthly</p>	<p><b>70%</b> Mar-25</p>	<p><b>Yes</b></p>	<p><b>63.2%</b> Jan-25 (Trajectory: 67%)</p>	<p><a href="#">Hyperlink to section</a></p>
	<p><b>Measure:</b> Number of patients waiting more than 8 weeks for a specified diagnostic</p> <p><b>National standard/ambition:</b> 95% of patients waiting less than 8 weeks by end of December 2024</p> <p><b>Reporting period:</b> Monthly</p>	<p><b>987*</b> Mar-25</p>	<p><b>No</b></p>	<p><b>1,619</b> Feb-25 (Revised EOY Trajectory: 987)</p>	<p><a href="#">Hyperlink to section</a></p>
Mental Health, including CAMHS	<p><b>Measure:</b> Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years</p> <p><b>National standard/ambition:</b> 80% by end of December 2024</p> <p><b>Reporting period:</b> Monthly</p>	<p><b>80%</b> Mar-25</p>	<p><b>Yes</b></p>	<p><b>85.0%</b> Jan-25 (Trajectory: 80%)</p>	<p><a href="#">Hyperlink to section</a></p>
	<p><b>Measure:</b> Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over</p> <p><b>National standard/ambition:</b> 80% by end of December 2024</p> <p><b>Reporting period:</b> Monthly</p>	<p><b>94%</b> Mar-25</p>	<p><b>Yes</b></p>	<p><b>86.1%</b> Jan-25 (Trajectory: 95%)</p>	<p><a href="#">Hyperlink to section</a></p>

### Section 2: Our Performance and System Change

The Performance Report section provides detail of Health Board performance across the quadruple aims and the system change themes identified in the Annual Plan 2024/25.

Detail on what is included under each quadruple aim is provided below.

A summary of performance is provided under each aim against the Health Board’s priorities and corresponding performance ambitions, including detail of annual plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

Quadruple Aim		Health Board’s System Change Theme and Integrated Report
Aim 1	People in Wales have improved health and well-being with better prevention and self-management	<ul style="list-style-type: none"> <li>• Embedding <b>Prevention</b> and Population Health in all that we do</li> </ul>
Aim 2	People in Wales have better quality and more accessible Health and Social Care Services, enabled by digital and supported by engagement	<ul style="list-style-type: none"> <li>• Progressing place based models of care and sustainability in <b>Primary and Community Services</b></li> <li>• Improving our <b>Urgent and Emergency Care System</b> focusing on experience, access and discharge pathways</li> <li>• Continuing to prioritise <b>Cancer, Urgent and the longest waiting patients for Planned Care</b></li> <li>• Improving our <b>Mental Health</b> services</li> </ul>
Aim 3	The Health and Social Care workforce in Wales is motivated and sustainable	Workforce and Culture
Aim 4	Wales has a higher value Health and Social Care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.	Quality, Safety and Experience Financial Performance

Priority	Performance Measure	Performance against Trajectory	Data / Trend	Actions																																																							
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Health Protection &amp; Vaccination</p>	<p>Increase percentage of children, who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)</p>	<p>85.7% (Q2) Below Trajectory of 92.1%</p>	<table border="1"> <caption>% children who are up to date with the scheduled vaccinations by age 5</caption> <thead> <tr> <th>Quarter</th> <th>ABUHB (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Q1 2023/24</td> <td>87.5%</td> <td>92.1%</td> </tr> <tr> <td>Q2 2023/24</td> <td>87.4%</td> <td>92.1%</td> </tr> <tr> <td>Q3 2023/24</td> <td>87.9%</td> <td>92.1%</td> </tr> <tr> <td>Q4 2023/24</td> <td>86.6%</td> <td>92.1%</td> </tr> <tr> <td>Q1 2024/25</td> <td>85.8%</td> <td>92.1%</td> </tr> <tr> <td>Q2 2024/25</td> <td>85.7%</td> <td>92.1%</td> </tr> </tbody> </table>	Quarter	ABUHB (%)	Target (%)	Q1 2023/24	87.5%	92.1%	Q2 2023/24	87.4%	92.1%	Q3 2023/24	87.9%	92.1%	Q4 2023/24	86.6%	92.1%	Q1 2024/25	85.8%	92.1%	Q2 2024/25	85.7%	92.1%	<ul style="list-style-type: none"> <li>• Continue to work alongside the lower performing practices developing actions plans to improve performance and provide staffing to reduce queue list.</li> <li>• School Health Nurses currently undertaking a robust vaccination plan coupled with dedicated MMR catch up clinics in Vaccination Centres and pop-up clinics.</li> <li>• New roles are being recruited to address inequity of access, supporting communities to improve uptake.</li> <li>• Identify Community Champions that could be created to assist in the education and increased uptake.</li> </ul>																																		
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<p>Increase percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15</p>	<p>68.0% (Q2) Below Trajectory of 87.2%</p>	<table border="1"> <caption>% of children receiving the HPV vaccination by the age of 15</caption> <thead> <tr> <th>Quarter</th> <th>Compliance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>Q1 20/21</td> <td>86.0%</td> <td>87.2%</td> </tr> <tr> <td>Q2 20/21</td> <td>86.5%</td> <td>87.2%</td> </tr> <tr> <td>Q3 20/21</td> <td>85.5%</td> <td>87.2%</td> </tr> <tr> <td>Q4 20/21</td> <td>85.5%</td> <td>87.2%</td> </tr> <tr> <td>Q1 21/22</td> <td>86.0%</td> <td>87.2%</td> </tr> <tr> <td>Q2 21/22</td> <td>86.0%</td> <td>87.2%</td> </tr> <tr> <td>Q3 21/22</td> <td>69.5%</td> <td>87.2%</td> </tr> <tr> <td>Q4 21/22</td> <td>71.0%</td> <td>87.2%</td> </tr> <tr> <td>Q1 22/23</td> <td>72.5%</td> <td>87.2%</td> </tr> <tr> <td>Q2 22/23</td> <td>74.5%</td> <td>87.2%</td> </tr> <tr> <td>Q3 22/23</td> <td>78.5%</td> <td>87.2%</td> </tr> <tr> <td>Q4 22/23</td> <td>79.0%</td> <td>87.2%</td> </tr> <tr> <td>Q1 23/24</td> <td>79.0%</td> <td>87.2%</td> </tr> <tr> <td>Q2 23/24</td> <td>79.0%</td> <td>87.2%</td> </tr> <tr> <td>Q3 23/24</td> <td>67.5%</td> <td>87.2%</td> </tr> <tr> <td>Q4 23/24</td> <td>67.5%</td> <td>87.2%</td> </tr> <tr> <td>Q1 24/25</td> <td>67.5%</td> <td>87.2%</td> </tr> <tr> <td>Q2 24/25</td> <td>67.5%</td> <td>87.2%</td> </tr> </tbody> </table>	Quarter	Compliance (%)	Target (%)	Q1 20/21	86.0%	87.2%	Q2 20/21	86.5%	87.2%	Q3 20/21	85.5%	87.2%	Q4 20/21	85.5%	87.2%	Q1 21/22	86.0%	87.2%	Q2 21/22	86.0%	87.2%	Q3 21/22	69.5%	87.2%	Q4 21/22	71.0%	87.2%	Q1 22/23	72.5%	87.2%	Q2 22/23	74.5%	87.2%	Q3 22/23	78.5%	87.2%	Q4 22/23	79.0%	87.2%	Q1 23/24	79.0%	87.2%	Q2 23/24	79.0%	87.2%	Q3 23/24	67.5%	87.2%	Q4 23/24	67.5%	87.2%	Q1 24/25	67.5%	87.2%	Q2 24/25	67.5%	87.2%
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Health Protection &amp; Vaccination</p>	<p>Maintain national target compliance of the uptake of the influenza vaccination amongst adults aged 65 years and over</p>		<p><i>Applicable during: 01.09.2024 – 31.03.2025</i></p> <p><i>Campaign ongoing, reported in Q4</i></p>																																																								

<b>Best Start in Life</b>	Maintain physical examination at 6 weeks rates (Healthy Child Wales)	91.1% (Q3) <b>Below Trajectory</b> of 92.7%		<ul style="list-style-type: none"> <li>Increased clinic provision continues to support compliance with data validation processes in place</li> <li>For 6 weeks rates the data collection is through GP appointments</li> </ul>
	Increase weight and measurement at 8 weeks rates (Healthy Child Wales)	73.8% (Q2) <b>Above Trajectory</b> of 56.8%		

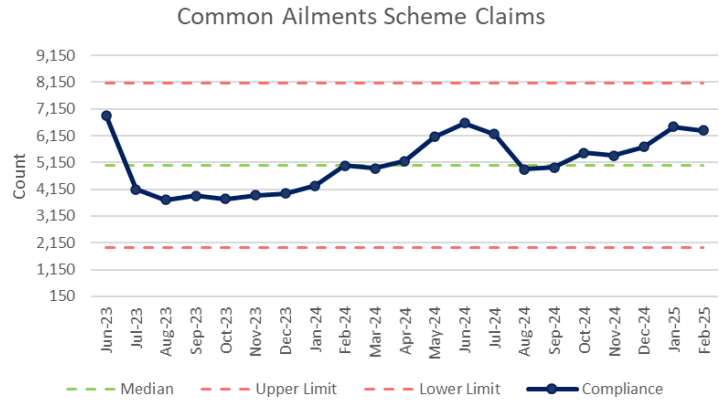
Milestones	Q3 Planned	Q3 Progress	Q3 Comments	Planned for Next Quarter
<b>Population Health Management</b>	Alignment of Public Health intelligence with Integrated Wellbeing Networks to develop social prescribing offer.	Significantly off track	Progressed the information governance requirements necessary including the impact assessment. Further work is required to understand next steps and prioritisation against critical system replacements.	Information governance requirements completed, and pilot GP practice identified for adoption.
<b>Health Protection &amp; Vaccination</b>	Deliver our vaccination action plan for Covid-19, flu and Respiratory Seasonal Virus (RSV).	Complete/ On schedule	Learning from this year's vaccination action plan is being collated to improve next year's action plan.	Next year's action plan developed ready for implementation.

<b>Premature Preventable Mortality, Cardiovascular &amp; Cancer</b>	Plan in place for addressing and reducing Cancer inequity and inequalities experienced by our Communities.	Off track within tolerance	The Reducing Cancer Inequality Board have increased the frequency of reviews and have taken steps to exploring screening uptake. More work needs to be carried out to build on progress into a full measurable plan.	Development of the work plan for the Reducing Cancer Inequality Board to ensure actions are in place to address and reduce Cancer inequity and inequalities experienced by our communities.
<b>Diabetes</b>	Scale up and roll out of diabetes prevention model across Gwent.	Off track within tolerance)	The programme is running in all primary care surgeries within Blaenau Gwent & Caerphilly (5 Clusters, 30 Surgeries). The plan to roll the Programme out in Newport (two Clusters) by March 2025 is delayed due to staff sickness, recruitment and retention issues. However, initial contacts have been made to implement the programme to Newport West.	Roll out Diabetes Prevention Model to a further two clusters.
<b>Best Start in Life</b>	Develop through engagement on a children's strategy.	Off track within tolerance	The initial Best Start in Life Joint Strategic Needs Assessment focusing on Pre-conception to 4year olds is progressing well and has highlighted multiple avenues for action that will be part of an action plan.	Completion of the initial Best Start in Life Joint Strategic Needs Assessment to inform the Children's strategy.
<b>Women's Health</b>	Organise and publicise the Women's Health Conference to be held on International Women's Day.	Complete/ On schedule	Conference programme has been developed and shared across Gwent resulting in a fully booked Women's Health Conference.	Hold the Women's Health Conference on International Women's Day.

Priority	Performance Measure	Performance against Trajectory	Data / Trend	Actions
<b>Access</b>	Maintain the number of appointments delivered in GMS	2,954,709 (Jan) Q4 Trajectory is 3,695,987		<ul style="list-style-type: none"> <li>• Contracts are carefully managed through the Primary Care Contracting Team and any concerns are raised by the team directly with the Contractor.</li> <li>• Contracts are monitored in line with requirements and uploaded to appropriate systems within the primary care contracting team</li> <li>• 100% achievement of Access Standards for 23/24 signed off.</li> </ul>
	Maintain the number of patients accessing NHS Optometry Services	199,747 (Jan) Met Q4 Trajectory of 168,851		<ul style="list-style-type: none"> <li>• Welsh Government have supported a phased approach, and the Health Board is working with Providers to ensure a smooth transition to WGOS 4 services.</li> <li>• All practices/individuals now set up with NHS email accounts. Ongoing work being undertaken regarding the establishment of an e-referral system</li> <li>• Contracts are carefully managed through the Primary Care Contracting Team and any concerns are raised by the team directly with the Contractor.</li> </ul>

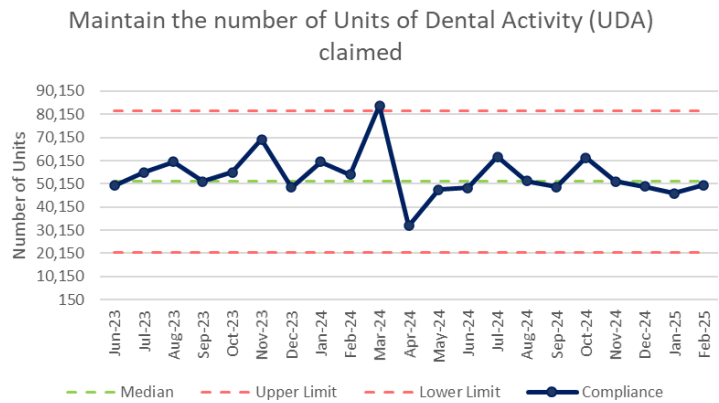
Maintain the number of consultations undertaken by community pharmacy under the common ailments scheme

63,465 (Feb)  
Met Q4 Trajectory of 47,250



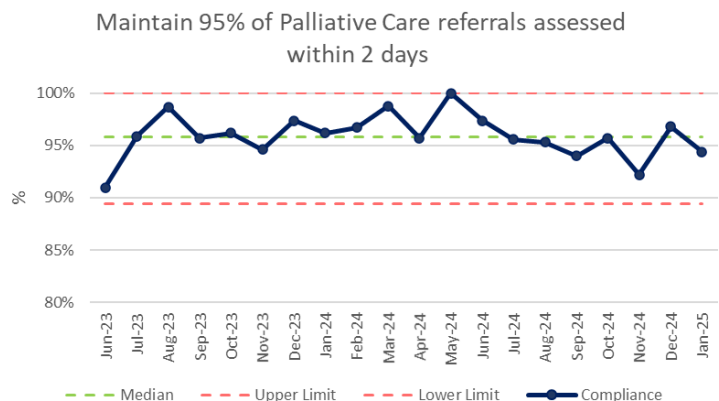
Maintain the number of Units of Dental Activity (UDA) claimed

547,505 (Feb)  
Q4 Trajectory is 615,975



Maintain 95% of Palliative Care referrals assessed within 2 days

94.4% (Jan)  
Below Trajectory of 95%



- All Community Pharmacies are now signed up to the Common Ailments Scheme (CAS) and the number of consultations has risen from previous quarter
- A system is being developed for access to all GMS Practices to identify live service provision in their area. This will be for CAS, flu and other services.
- 52 Pharmacies have now been commissioned for the Independent Prescribing service in Q3, which has increased from 46 in Q2.

- From 1st April 24, there are 50 UDA Practices, and 25 Practices have opted for contract reform.
- Successful re-commission of services following contract terminations
- Usual contract monitoring in place and end of Year forecasting now in progress

- Regular monitoring of referrals assessed to meet targets.
- Performance is maintained within the current service provision.

<b>Community Care</b>	Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments (incl ED/MAU referrals)	9.5% (Feb) <b>Below Trajectory of 10.15%</b>	<p style="text-align: center;">Proportion of GP referrals made to Rapid Response as a total of all medical assessments (incl ED/MAU referrals)</p> <p style="text-align: center;"> <span style="color: green;">---</span> Median    <span style="color: red;">---</span> Upper Limit    <span style="color: red;">---</span> Lower Limit    <span style="color: blue;">●</span> Compliance </p>	<ul style="list-style-type: none"> <li>The expansion of CRT Rapid Medical model commenced on 30th September to accept referrals to 6pm Mon-Fri.</li> <li>CRT Rapids Standard Operating Procedure (SOP) to reduce variation and offer a more equal service across CRT Rapids Teams in place from 30th September.</li> <li>The Redesign of Older Adults Programme includes projects that will directly support the transfer of patients away from ED, e.g. Acute Frailty Response team at GUH. However, this does not directly influence the number of GP referrals made.</li> </ul>

Milestones	Q3 Planned	Q3 Progress	Q3 Comments	Planned for Next Quarter
<b>Reduction of commissioned enhanced care</b>	Work in partnership to strength the care at home team across all localities to enable the repatriation of high-cost placements.	Complete/ On schedule	Commenced review of high-cost placements. Reviews completed internally and will be reviewed again in Q4. Expanded pathways including Hospital to Home and Facilitating Early Discharge	Review of high-cost placements shared externally. Increase number of patients supported have received care that has potentially prevented re-admission to an acute hospital.
<b>Access &amp; Sustainability for General Medical Services</b>	Contract monitoring ensure all GP practices are meeting standards of performance.	Complete/ On schedule	Usual monitoring processes in place. All practices submitted a declaration to Access Standards for Q3. Processes in place to manage Quality Assurance and Improvement Framework.	Contract monitoring ensure all GP practices are meeting standards of performance.
<b>Access &amp; Sustainability for General Dental Services</b>	Support national roll out of Wales National Workforce Reporting System (WNWRS)	Complete/ On schedule	Practices are required to update WNWRS on a quarterly basis. Continue to monitor contract compliance.	Investment in dental services as part of the 19 Hills Health and Wellbeing Centre development.
	Contract monitoring ensure all Dental practices are meeting standards of performance	Complete/ On schedule	Usual monitoring processes in place. End of year forecasting now in progress.	Contract monitoring ensure all dental practices are meeting standards of performance
<b>Maximise Community Pharmacies</b>	Urinary Tract Infection service implemented in at least one pharmacy	Complete/ On schedule	UTI service implemented in 94 pharmacies	Increased levels of Pharmacist Independent Prescribing across Gwent
	Increase uptake of Pharmacy Independent Prescribing (PIPS)	Complete/ On schedule	52 pharmacies providing PIPS. 65 IPs registered	74 pharmacies providing PIPS.

<b>Maximise Community Optometry</b>	Implementation of new and revised clinical pathways.	Complete/ On schedule	WGOS 4 services implemented November 2024. Transformation funding awarded to further support HBs in triaging and redirecting HES referrals to WGOS 4 (and 5) practices. Current ODTCs will end on 31 March 2025	Review Ophthalmic Diagnosis and Treatment Centre provisions in line with the national glaucoma pathway
	Contract monitoring ensure all Optometry Practices are meeting standards of performance (including WGOS activity).	Off track within tolerance	WGOS activity being monitored along with prescribing data. All practices/individuals now set up with NHS email accounts. Ongoing work being undertaken regarding the establishment of an e-referral system	Roll out of Digitisation and Connectivity
<b>NCN Development &amp; Partnerships incl ACD Programme</b>	Continue to roll out communications and engagement programme across Gwent to build understanding of where to access care in the right setting.	Complete/ On schedule	Range of communications rolled out and available through a number of methods.	Fully functioning ISPBs and increased number of professional collaboratives
	Finalise Action Plan for Information Governance	Complete/ On schedule	Action plans addressed through Neighbourhood Care Network leads group.	Completion of peer review process
<b>Pathway Optimisation</b>	Assess and implement actions for acute pathways that could be delivered in a community setting.	Complete/ On schedule	Clinical Implementation Groups in Mental Health & Learning Disabilities and Surgical commenced established as an opportunity to improve interface between primary and secondary care. Audits of 200 pathways (separately) in dermatology, gynaecology and haematology to focus on improvements needed.	Commence Clinical Implementation Groups in Medicine. Develop improvement plans based on audit findings.
	Work in partnership to ensure eye care is delivered in a community setting as part of the new optometry contract	Complete/ On schedule	WGOS services commissioned across Primary Care practices. Primary and Secondary care services continue to work collaboratively to develop integrated pathways to enhance a patient eye care journey. Collaboration is supported via Eye Care Board	Further developments to ensure eye care is delivered in a community setting as part of the new optometry contract.

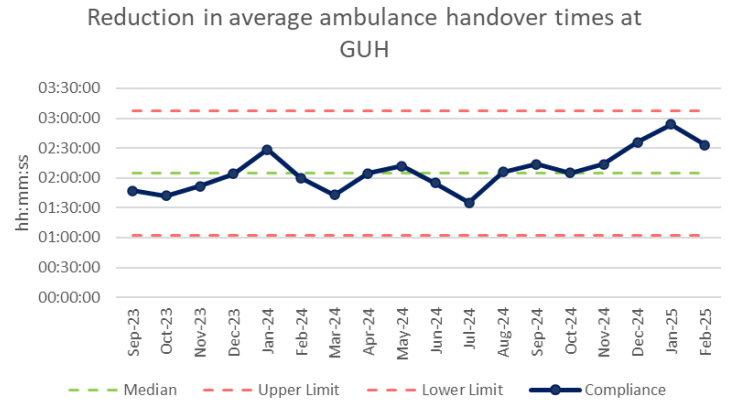
Quadruple Aim 2      Improving our Urgent and emergency care system focusing on experience, access and discharge pathways

Priority	Performance Measure	Performance against Trajectory	Data / Trend	Actions
Timely Discharge	Reduction of number of Delayed Transfers of Care	210 (Feb) Below Q4 Trajectory of 250		<ul style="list-style-type: none"> <li>Pathway of Care Delays (POCDs) have seen a significant reduction over the past quarter, decreasing by 23%. Reductions were delivered by all 3 delay owners (Health, Social, and Joint), with the highest decreases at RGH, YYF, NHH and Community Hospital sites. MHL D saw a small increase over the period. GUH is always comparatively minimal. A further low delivered in Jan census (175) with subsequent increase in Feb (210), but still below of trajectory.</li> <li>50-day challenge actions commenced in November with strong focus on enabling discharge and reducing POCDs, working in partnership with Local Authorities. Work and actions will continue beyond the challenge period.</li> <li>Three wards identified at Royal Gwent Hospital to be Optimal Wards, to commence from January with dedicated nursing lead.</li> <li>Expansion of the Discharge/Transfer Lounge (DTL) at GUH will be completed in March, to support timely and safe discharge/transfer of patients from inpatient wards/assessment units earlier in the day. The DTL will embrace a nurse led model of care and will provide comprehensive discharge/transfer support to patients by continuing basic levels of care, completing any final treatments, co-ordinating discharge medications and management of transport.</li> <li>Hospital 2 Home has been further supported through the 50-day challenge, and saw a significant increase in number of patients supported through this pathway in December.</li> </ul>
	Increase in Hospital 2 Home & Step Closer to Home Rates	56 in Q3 Meeting Trajectory of Quarter on Quarter increase		

Enhanced Monitoring

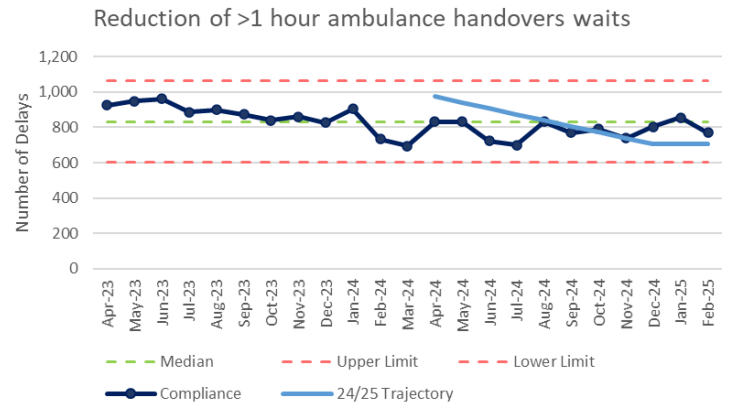
Reduction in average ambulance handover times at GUH

153 mins (Feb)  
Above Q4  
Trajectory of 50 mins



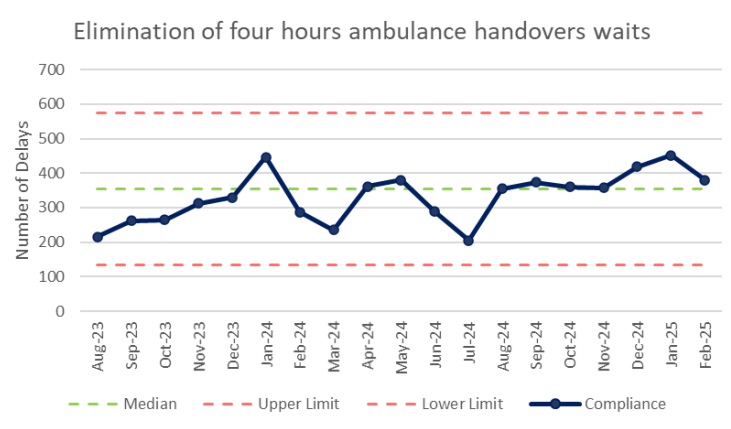
Reduction of ambulance patient handovers over 1 hour

771 (Feb)  
Above Trajectory of 705



Elimination of four hours ambulance handovers waits

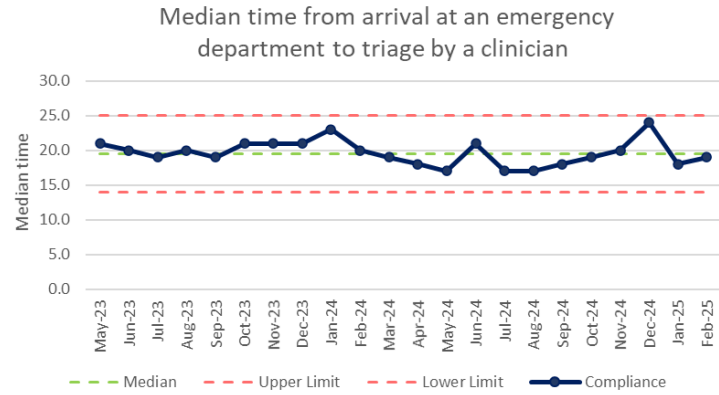
380 (Feb)  
Above Q4  
Trajectory of 0



- A number of Urgent Care measures have begun to deteriorate for the winter period and associated increased system pressures. Health Board Winter Plan in place with actions to support and mitigate.
- Additional capacity of 23 beds for Winter Ward at RGH has been approved, to come on stream in Jan.
- 5 additional posts for ED consultants have now been recruited to and are expected to be in post by April 25. This will support 8-8 senior rapid assessment model at the GUH to reduce waiting to be seen times and decongest the ED, and improve ambulance handover performance.
- Weekly enhanced monitoring meetings remain in place to oversee and support improvements.
- A new General Internal Medicine model was implemented at the GUH in November linked to a new model of care for General Medicine patients led by Respiratory.
- A pilot of 'SDEC First' has been initiated at GUH for AMU, to help manage demand.
- '80 over 8' project underway to assess how pathways could be reconfigured for elderly fallers who spend over 8hrs on the GUH forecourt.

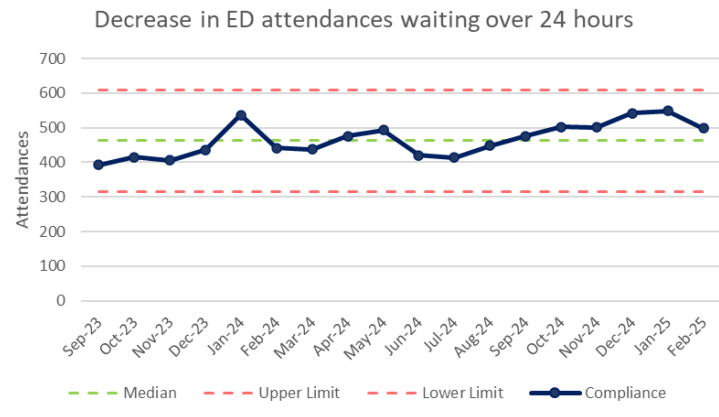
Reduction in time from arrival to ED triage - no waits over 30 minutes

Median 19 mins (Feb)  
 Median Wait Below Trajectory of 30 mins  
 Not meeting Q4 trajectory of zero waits > 30 mins



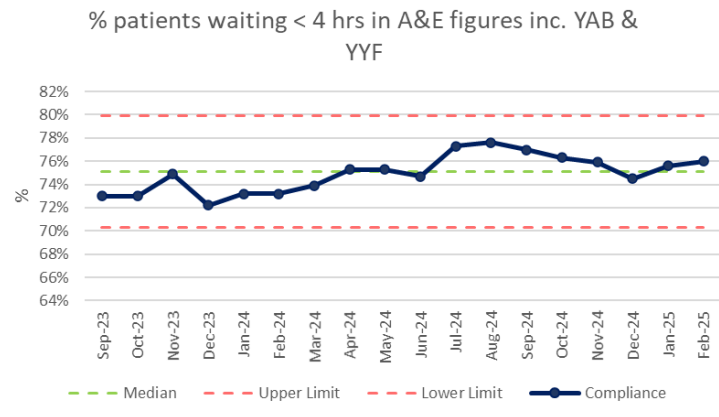
Decrease in ED attendances waiting over 24 hours

498/7.5% >24hrs (Feb)  
 Above Q4 Trajectory of 0% >24hrs



Increase and maintain national target of the percentage of patients waiting < 4 hours in ED

76.0% (Feb)  
 Above Q4 Trajectory of 75.0%



	<p>Reduction in number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge</p> <p>Reduction in time from arrival to ED to seen by clinician</p>	<p>1,175 (Feb) Above Trajectory of 984</p> <p>Median 136 mins 781/11.8% &gt;6hrs (Feb) Above Q4 Trajectory of 0 &gt;4hrs</p>	<p>Number of patients &gt;12 hours in EDMIU</p> <p>Median time from arrival to an ED department to assessment by a senior clinical decision maker</p>	
<p>Urgent Primary Care</p>	<p>Maintain the number of Urgent Primary Care contacts (inc. virtual)</p>	<p>82,656 (Feb) Met Q4 Trajectory of 44,171</p>	<p>Urgent Primary Care Cases - Total Contacts</p>	<ul style="list-style-type: none"> <li>• Demand and contacts are way in excess of annual plan trajectory, having already achieved 187% of the annual target as of the end of Feb.</li> <li>• Urgent Primary Care have provided additional support across Q3 for practices in escalation.</li> <li>• There has been a challenge with reduction of capacity at YYF with co-location within MIU, which has resulted in reduced GP capacity on site and increased IPAC challenges.</li> </ul>

<b>Stroke</b>	% of patients directly admitted to an Acute Stroke Ward <4hrs of clock start	8.16% (Q3) Below Trajectory of 18.2%		<ul style="list-style-type: none"> <li>Stroke improvement plan is in place bringing together the 53 recommendations from GIRFT, HIW and the Welsh Government, the workstreams include: imaging, staffing, rehab, prevention, patient flow, governance, education and training, community, acute stay, data capture and audit compliance.</li> <li>Complete ring-fencing of ABUHB stroke pathway agreed (HASU &amp; rehab) due to PCH urgent Stroke changes.</li> <li>New iPad WAST/Stroke pilot to commence in February with the aim of reducing admissions to GUH.</li> </ul>
	% of unique stroke patients given Thrombectomy (all stroke types)	10.2% (Q3) Above Trajectory of 5%		
	% Stroke Patients Assessed by one of OT, PT, SALT within 24 hours	61.2% (Q3) Meeting Trajectory of 61.3%		

Milestones	Q3 Planned	Q3 Progress	Q3 Comments	Planned for Next Quarter
<b>System Flow</b>	Emergency Department process and footprint redesign planning.	Complete/ On schedule	Build schedule continues with delivery expected in Q3 25/26.	Complete the build of the ED Extension. Sustained improvement in ambulance handover times and wait to be seen by clinician.
<b>Enhanced Monitoring</b>	Sustained Improved performance metrics in line with Improvement Plan.	Off track within tolerance	Monitoring through weekly and monthly scorecard in place. The monthly scorecard is discussed at the weekly enhanced monitoring safety flow meeting. This is a cross divisional meeting led by the Executive Team to support the continued improvements across the system.	Sustained Improved performance metrics in line with improvement plan trajectories supported by a system flow dashboard. Transfer Lounge opening.
	Implement and share learnings from Improvement Plan activity.	Complete/ On schedule	The Escalation Monitoring Safety Flow weekly meeting addresses all aspects of immediate issues to address restrictions and delays in the system. Investigating opportunities to step down to Medical Assessment Unit.	Implement and share learnings from Improvement Plan activity. Implement a centralised bed management system
<b>Redesigning Services for Older People (Goal 1)</b>	Commence planning and implementation of GUH integrated front door including Community Admission Avoidance Therapy Team, Home First, Community Resource Teams (CRT) Rapid Service, AFR, ED and MAU.	Off track within tolerance	CRT operational hours extended Monday-Friday 8am-6pm - ongoing with data monitoring in place to measure impact. Standard Operating Procedure articulating the intended integrated referral and assessment process for front door teams drafted. Direct access to community beds to avoid acute admission pilot live in Ysbyty Aneurin Bevan.	Embed changes through right-sizing of Community Services (utilising Further Faster Funding) and Acute Frailty Response Team
	Proactive Frailty – Systematics Early Identification of Admission.	Off track within tolerance	Engagement started with 4 GP Practices to plan risk stratification process, cross referencing Electronic Frailty Index scores with High-Risk Adult Cohort criteria. Establishing Multi-Disciplinary Team review process across multiple localities.	Evaluate and develop action plan for use of LUSCII technology to reduce conveyances from care homes
<b>Urgent and Acute Transformation (Goals 2,3 &amp;4)</b>	Additional Level 2 community resource deployment.	Complete/ On schedule	Additional L2 community response deployed on schedule and operational through winter.	Full evaluation of e-triage outcomes including patient reported experience measures
	Delivery of learnings from WAST/ ABUHB Collaborative.	Complete/ On schedule	Follow-up workshop completed in January 25 with external facilitation, programme plan developed.	Commence implementation of programme plan including collaborative learnings.

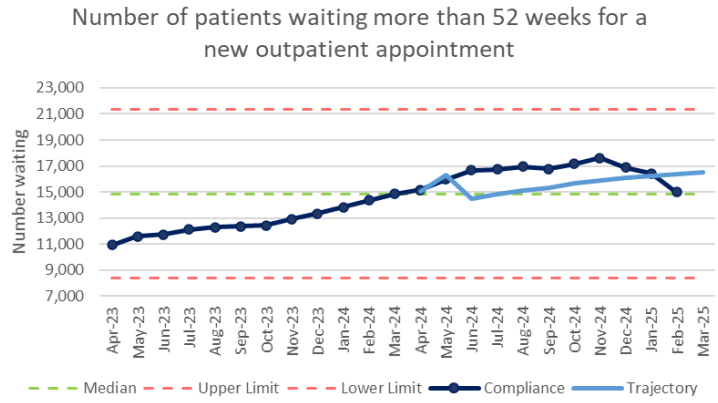
<b>Facilitating Early Discharge (Goals 5&amp;6)</b>	Progression of step down workstream.	Complete/ On schedule	Roll out complete, ongoing monitoring, evaluation back to Safety Flow	Implementation of service improvements/discharge practices monitored via Discharge Improvement Board
	Delivery of Patient Safety Team events across sites.	Complete/ On schedule	Delivery of Patient Safety events aligned to launch of operational framework to deliver optimum ward processes expedite timely discharge practices and increased use of Hospital2Home.	Hospital 2 Home evaluation
<b>NHH Service Model</b>	Nevill Hall Hospital strategic outline case developed.	Off track within tolerance	Strategic Outline Case in development outlining baseline service models and expected changes. This will be tested through engagement with teams throughout Q4.	Strategic Outline Case refined through staff and stakeholder engagement.
<b>Medical Model</b>	Medical Model developed and agreed through engagement	Off track within tolerance	Workshop with key clinical representation scheduled to scrutinise proposed model aligned with Nevill Hall Hospital strategic outline case development.	Medical Model refined through staff and stakeholder engagement.

Quadruple Aim 2      Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

Priority	Performance Summary	Performance against Trajectory	Data / Trend	Actions
Longest waiting patients	Numbers of patients waiting over 52 weeks (all stages)	25,285 (Feb) Below Trajectory of 33,313	<p>Patients waiting more than 52 weeks - all stages</p>	<ul style="list-style-type: none"> <li>Additional WG funding received for 104wk+ patients for Ophthalmology (tied to Regional Programme), T&amp;O and ENT, following outcomes of deep dives for the specialties presented to the Executive Team on in August 24.</li> <li>New end of year trajectory now in place to deliver a zero or as close to as possible zero position.</li> <li>ENT plan developed to clear through insourcing at weekends. T&amp;O plans developed to deliver through additional internal activity. Regional ophthalmology plan to outsource cataracts to 3 providers, with plans also developed for non-cataract patients.</li> <li>Weekly operational meetings scheduled through Q4 to track performance against plans.</li> </ul>
	Numbers of patients waiting over 104 weeks (all stages)	1,605 (Feb) Below Trajectory of 3,932, new EoY ambition of 0	<p>Patients waiting more than 104 weeks - all stages</p>	

Number of patients waiting more than 52 weeks for a new outpatient appointment

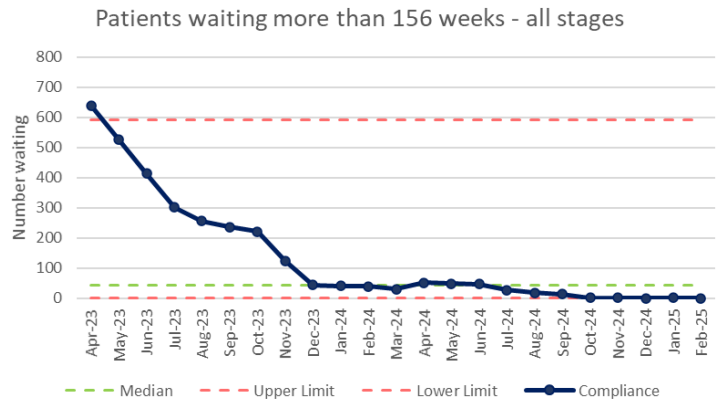
14,978 (Feb)  
Below Trajectory  
of 16,237



- 52 week+ outpatient position has narrowed against trajectory over the past quarter, indicating potential to meet year end trajectory of 16,500.

Elimination of total waits over 156 weeks (all stages)

0 (Feb)  
Meeting  
Trajectory of 0



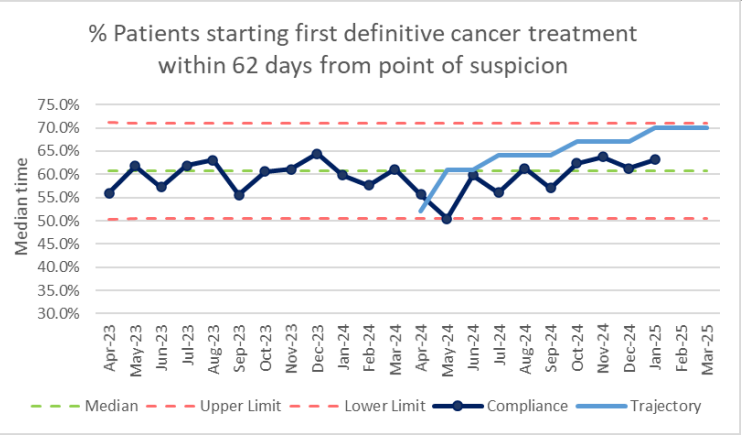
- 156wk+ position was cleared in December however 2 reported in January. February position back to zero.

<b>Outpatient Transformation</b>	<p>Increase in the rate of See On Symptom (SOS) and Patient Initiated Follow-ups (PIFU)</p> <p><b>9.9% (Feb)</b> <b>Below Q4</b> <b>Trajectory of 14%</b></p>	<p><b>30,052 (Feb)</b> <b>Above Q4</b> <b>Trajectory of 6,071</b></p>		<ul style="list-style-type: none"> <li>• Sharing of pathways from NHS England to identify potential opportunities, new pathways shared with relevant teams if no pathway in existence.</li> <li>• Automated Booking System requirements agreed and options appraisal undertaken</li> </ul>
	<p>Reduction in the number of patients waiting 100% past Outpatient follow-up target date</p>			

**Single Cancer Pathway**

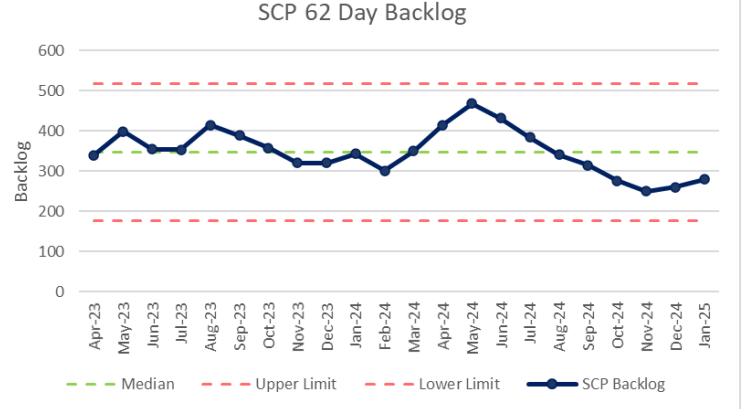
Increase in Single Cancer Pathway (SCP) 62-day compliance

63.2% (Jan)  
Below Q3  
Trajectory of 67%



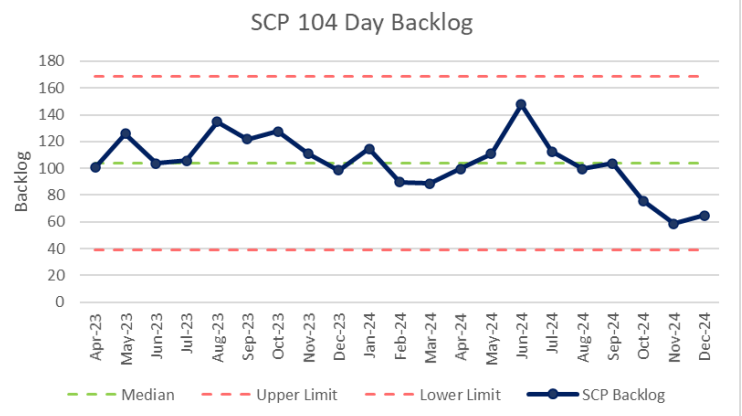
Reduction in backlog of patients waiting over 62 days (SCP)

280 (Jan)  
Above Q3  
Trajectory of 270



Reduction in backlog of patients waiting over 104 days (SCP)

57 (Jan)  
Below Q3  
Trajectory of 68



- Cancer performance is subject to monthly fluctuations however have broadly seen an increasing trend through the course 24/25 to date, up from a low of 50.4% in May.
- The 62 and 104 day backlog for the SCP has seen sustained reduction in the same time period. Tumour site specific Task and Finish groups have been instrumental in delivering improvement in the backlog position, as has Divisional scrutiny to improve compliance and maintain attentive focus of management of patients going through the pathway.
- 28 day decision to treat performance has been strong in Q3, reaching 92.9% in December with all tumour sites in excess of 78%. This decreased in January to 81.5% however remains ahead of trajectory.

	Increase in rate of cancer diagnosis or discharges within 28 days	81.5% (Jan) Above Trajectory of 80%		
Diagnostics & Week Wait	Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic	1,619 (Feb) Below Trajectory of 3,106, new EoY trajectory of 987		<ul style="list-style-type: none"> <li>• Additional WG funding received for endoscopy and neurophysiology, resulting a new end of year trajectory of 987. This is made up of neurophysiology (national capacity issues) and nuclear medicine (national issues with isotope availability).</li> <li>• Radiology performance is currently at &gt;95% being seen in &lt; 8 weeks.</li> </ul>

Milestones	Q3 Planned	Q3 Progress	Q3 Comments	Planned for Next Quarter
Single Cancer Pathway	Continue actions identified in workplans and task and finish groups.	Complete/ On schedule	Task & Finish groups ongoing for Urology, Colorectal & Gynaecology to focus on increasing compliance through targeted actions.	Review and revise workplan objectives for each tumour site
	Teams engaging with Toyota coaching and regular project task groups.	Complete/ On schedule	Teams have completed Toyota coaching, and the learning has been embedded into Business as Usual to support continuous service improvement.	Implement redeveloped lean pathway in Gynaecology and Urology
	Urology: Evaluate benefits and impact of Straight to	Off track within tolerance	Straight to Test for Haematuria Urology has clinical agreement to implement consistently with national	Gynae: Evaluate benefits and impact of scope-to-scan and biopsy-to-scan

	Test measures from Q1. Head and Neck: Review opportunities identified in Q1 and introduce Straight to Test pathway for Head and Neck in most impactful area.		guidelines. Straight to Test for Head & Neck, alternative models have been explored. Learning from one stop neck pilot is being used to inform next steps including the potential of undertaking biopsies in an outpatient setting with the intended benefits are to shorten diagnostic and treatment times as well as improve patient experience.	measures from Q2 Colorectal: Evaluate benefits and impact of scope-to-scan and biopsy-to-scan measures from Q2
<b>Longest waiting patients</b>	Implement actions to continue to deliver the Surgical Robot in Royal Gwent Hospital.		Additional endoscopes have been purchased to provide sufficient capacity to increase to 5 days operating. Business case scheduled for Pre-Investment Panel review in March 25, with a planned go live date of May 2025 for General Surgery.	Reduce number of specialities with patients waiting > 104 Weeks
	Continue targeted approach to Treat in Turn to address current variability between specialities.		Treat in turn speciality specific targets in place to deliver improvements necessary for stage 1 and 4 to achieve a significantly improved 104 position.	Continue targeted approach to Treat in Turn to address current variability between specialities
<b>Health Pathways</b>	Achieve 100 pathways live and continue development of pathways embedding with Secondary Care Services.	Complete/ On schedule	93 localised pathways live on ABUHB site as at end of Q3 2024-25. On track to achieve 100 pathways live by end of January 2025, ahead of National Target for 100 pathways by end of March 2025. Total of 12,303 page views and 2,943 user sessions is the highest in Wales, aside from the pilot Cardiff and Vale Health Board (launched 2018).	Evaluation of first year of launch of Health Care Pathways. Continued development of pathways for platform.
<b>Theatre Maximisation</b>	Refine dashboard further aligned with GIRFT plan recommendations to maximise time in theatres reducing fallow days.	Complete/ On schedule	General Surgery High Volume Low Complexity (HVLC) lists on NHH site now business as usual. Progress made to increase number of patients on Cataracts HVLC lists. Continued improved performance against scheduling KPIs. Continued weekly meetings with Surgical Directorate Managers to review prospective and retrospective theatre utilisation and identify key actions.	Launch of further KPIs in Q4. Review of short notice cancellations in Urology to identify trends and opportunities.
	Review of data and learning in early Q3 from 'golden patient' prior to further trials in other surgical specialities.	Complete/ On schedule	Golden patient process trialled with General Surgery on RGH site to support prompt theatre start times.	Further trials of golden patient in other surgical specialities.
<b>Getting it Right First Time (GIRFT) &amp; Interventions not normally</b>	Implementation of Ophthalmology GIRFT recommendations with a shift of delivering treatment	Complete/ On schedule	Work has progressed through Welsh General Ophthalmic Services (WGOS) 4 pathways which are now in place for both Glaucoma and Medical Retina.	Implement Ophthalmology GIRFT recommendations by increasing volume through WGOS pathways, including Diabetic Eye Screening

<b>undertaken (INNUs)</b>		through optometrists in the community.		Wales upgradeable, Glaucoma monitoring and Hydroxychloroquine.	
<b>Outpatient Transformation</b>		Scoping exercise for Outpatient treatment unit NHH.	Complete/ On schedule	As part of the NHH reconfiguration programme, a scoping exercise for an Outpatient Treatment Unit has been undertaken and a service model has been drafted. The vision is to provide a number of treatment rooms to allow for minor surgical treatments where air exchange is required and injections as well as an area for infusions/ treatments that can be undertaken in a chair or trolley i.e. lumbar punctures. This will inform the Strategic Outline Business Case ahead of May 2025.	Develop business case for Outpatient treatment unit NHH.
		Roll out of Automated Booking System dependent upon outcome of pilot.	Significantly off track	Requirements have been agreed, and an options appraisal has been undertaken and reviewed by the Outpatient Patient Steering Group. Agreed next steps include the development of an SBAR for the Executive Team to progress the procurement process.	Roll out of integrated e-advice
<b>Diagnostics Week Wait</b>	<b>8</b>	Continue to deliver 8-week target.	Complete/ On schedule	End of Q3 compliance: MRI - 99.4% CT - 99.8%	Continue to deliver 8-week target
		Make improvements to reach 8-week target – application of plans against new monies.	Off track within tolerance	End of Q3 compliance: NOUS - 98.0% (on track) Nuclear Medicine - 55.4% (off track) Nuclear Medicine continues to be limiting factor, due to ongoing nationwide availability of radiopharmaceuticals.	Make improvements to reach 8-week target – application of plans against new monies.
		Following the Endoscopy development in Royal Gwent Hospital improvement in time to diagnostics within 8 weeks.	Complete/ On schedule	957 breaches in Q3 compared to 1483 in Q2 which is an improvement and ahead of the trajectory based on additional planned care funding.	Decontamination Unit build initiated at RGH. Improvement in time to diagnostics seen within 8 weeks.
		Running 10 lists in line with Bowel Screening Wales ambitions in Q3 and 16 lists in Q4.	Complete/ On schedule	Currently running 10 lists	Securing JAG accreditation for GUH, RGH and YYF units and running 16 lists with Bowel Screening Wales.
<b>NHH Model</b>	<b>Service</b>	Demand and capacity assessment to be undertaken to inform feasibility assessment.	Complete/ On schedule	Demand and capacity modelling undertaken to inform feasibility assessment out required footprint for NHH.	Strategic Outline Case refined through staff and stakeholder engagement.

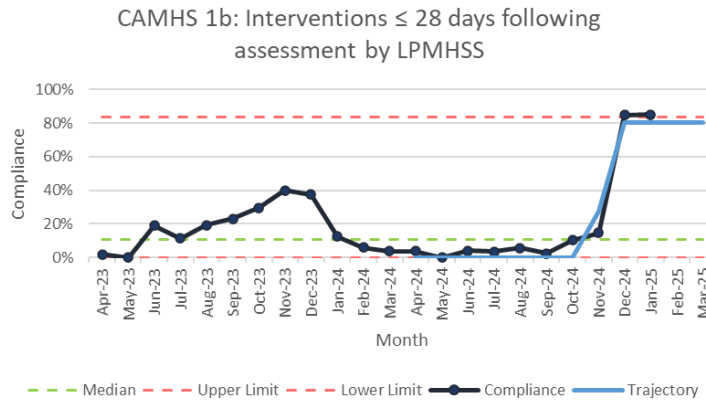
Quadruple Aim 2		Improving our Mental health services		
Priority	Performance Summary	Performance against Trajectory	Data / Trend	Actions
Adults	Increase in Part 1a to national target for Adult MH (assessment completed within 28 days)	92.6% (Jan) Above Q3 Trajectory of 45%	<p>Adults 1a: Assessment by LPMHSS within 28 days of referral.</p>	<ul style="list-style-type: none"> <li>Part 1a compliance has continued to improve over the quarter, and is currently up to 92.6% which is well ahead of the annual plan trajectory and meeting the national standard of 80%.</li> <li>The waiting list has reduced from 1,320 at the beginning of the year to 638 as of the end of Q3.</li> <li>Further improvements are expected as part of the BRYN model.</li> <li>Robotic Process Automation (RPA) is now in place to help support the management of referrals. This is cutting ~3 days off the referral process between GPs and the PCMH team.</li> </ul>
	Increase in Part 1b to national target for Adult MH (interventions completed within 28 days)	86.1% (Jan) Below Trajectory of 95%	<p>Adults 1b: Interventions ≤ 28 days following assessment by LPMHSS</p>	

<b>Children and Young People</b>	Maintain Part 2 rates for Adult MH (number of individuals with a valid care and treatment plan)	66.6% (Jan) Below Trajectory of 68.3%	<p>Adults Part 2: Percentage of residents in receipt of a valid care and treatment plan ≥ 18ys</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Compliance</th> <th>Median</th> <th>Upper Limit</th> <th>Lower Limit</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>70%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>May-23</td><td>70%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Jun-23</td><td>70%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Jul-23</td><td>70%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Aug-23</td><td>70%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Sep-23</td><td>70%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Oct-23</td><td>70%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Nov-23</td><td>70%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Dec-23</td><td>70%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Jan-24</td><td>70%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Feb-24</td><td>70%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Mar-24</td><td>70%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Apr-24</td><td>80%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>May-24</td><td>80%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Jun-24</td><td>80%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Jul-24</td><td>80%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Aug-24</td><td>80%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Sep-24</td><td>80%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Oct-24</td><td>80%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Nov-24</td><td>80%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Dec-24</td><td>68.4%</td><td>70%</td><td>95%</td><td>45%</td></tr> <tr><td>Jan-25</td><td>68.4%</td><td>70%</td><td>95%</td><td>45%</td></tr> </tbody> </table>	Month	Compliance	Median	Upper Limit	Lower Limit	Apr-23	70%	70%	95%	45%	May-23	70%	70%	95%	45%	Jun-23	70%	70%	95%	45%	Jul-23	70%	70%	95%	45%	Aug-23	70%	70%	95%	45%	Sep-23	70%	70%	95%	45%	Oct-23	70%	70%	95%	45%	Nov-23	70%	70%	95%	45%	Dec-23	70%	70%	95%	45%	Jan-24	70%	70%	95%	45%	Feb-24	70%	70%	95%	45%	Mar-24	70%	70%	95%	45%	Apr-24	80%	70%	95%	45%	May-24	80%	70%	95%	45%	Jun-24	80%	70%	95%	45%	Jul-24	80%	70%	95%	45%	Aug-24	80%	70%	95%	45%	Sep-24	80%	70%	95%	45%	Oct-24	80%	70%	95%	45%	Nov-24	80%	70%	95%	45%	Dec-24	68.4%	70%	95%	45%	Jan-25	68.4%	70%	95%	45%	<ul style="list-style-type: none"> <li>Performance has been strong throughout the year however there was a significant decrease in December to 68.4% with this position broadly held into January. The Division have developed an action plan to ensure compliance returns.</li> <li>The Division is working with individual teams on compliance and areas of risk, including quality.</li> <li>Recent deep dive completed with NHS Exec on CTP as part of monthly assurance.</li> </ul>									
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Maintain rate of psychological therapy received within 26 weeks for Adult MH	42.5% (Jan) Below Q3 Trajectory of 68%	<p>% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Compliance</th> <th>Median</th> <th>Upper Limit</th> <th>Lower Limit</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>40%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>May-23</td><td>40%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Jun-23</td><td>40%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Jul-23</td><td>45%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Aug-23</td><td>55%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Sep-23</td><td>55%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Oct-23</td><td>55%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Nov-23</td><td>55%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Dec-23</td><td>60%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Jan-24</td><td>55%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Feb-24</td><td>50%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Mar-24</td><td>50%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Apr-24</td><td>50%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>May-24</td><td>45%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Jun-24</td><td>45%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Jul-24</td><td>45%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Aug-24</td><td>45%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Sep-24</td><td>45%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Oct-24</td><td>45%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Nov-24</td><td>45%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Dec-24</td><td>45%</td><td>45%</td><td>70%</td><td>25%</td></tr> <tr><td>Jan-25</td><td>42.5%</td><td>45%</td><td>70%</td><td>25%</td></tr> </tbody> </table>	Month	Compliance	Median	Upper Limit	Lower Limit	Apr-23	40%	45%	70%	25%	May-23	40%	45%	70%	25%	Jun-23	40%	45%	70%	25%	Jul-23	45%	45%	70%	25%	Aug-23	55%	45%	70%	25%	Sep-23	55%	45%	70%	25%	Oct-23	55%	45%	70%	25%	Nov-23	55%	45%	70%	25%	Dec-23	60%	45%	70%	25%	Jan-24	55%	45%	70%	25%	Feb-24	50%	45%	70%	25%	Mar-24	50%	45%	70%	25%	Apr-24	50%	45%	70%	25%	May-24	45%	45%	70%	25%	Jun-24	45%	45%	70%	25%	Jul-24	45%	45%	70%	25%	Aug-24	45%	45%	70%	25%	Sep-24	45%	45%	70%	25%	Oct-24	45%	45%	70%	25%	Nov-24	45%	45%	70%	25%	Dec-24	45%	45%	70%	25%	Jan-25	42.5%	45%	70%	25%	<ul style="list-style-type: none"> <li>Compliance remains behind trajectory and has seen a general, decreasing trend through 24/25.</li> <li>This measure is the next area for Divisional focus following the delivery of improvements for Part 1.</li> <li>Plan in place for Q4 and into 25/26 to focus on data validation and pathway improvements.</li> </ul>										
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Children and Young People

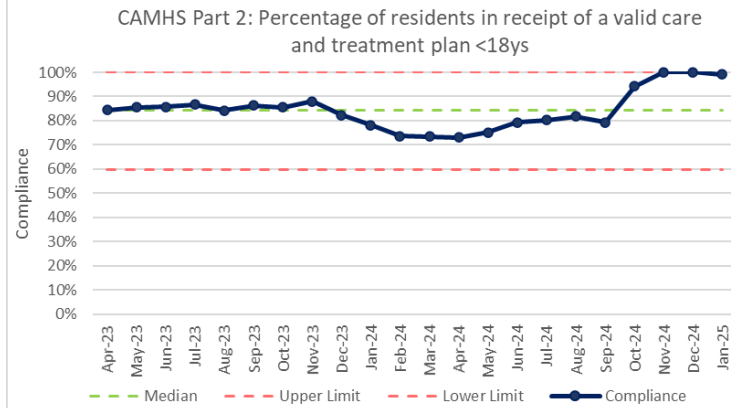
Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)

85.0% (Jan)  
Above  
Trajectory of  
80%



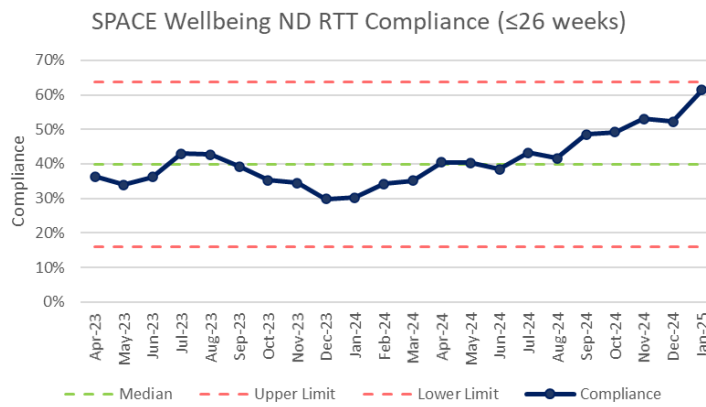
Maintain CAMHS Part 2 national target compliance

99.1% (Jan)  
Above  
Trajectory of  
90%



Improvement in Neurodevelopment (iSCAN) compliance

61.39% (Jan)  
Above Q3  
Trajectory of  
51%



- The Division delivered huge improvement in December, with compliance rising to 84.8% and now meeting the national standard of 80%. This was maintained into January and there is confidence of a continuation of this into 25/26.
- Waiting list has also seen significant reduction through the course of the year to date, from 584 in April to 62 as of the end of Q3.
- 1+1 model is proving successful. The Swell project with Cardiff University is being investigated further.
- Part 2 compliance for CAHMS improved further over Q3, recording 100% for two consecutive months and remains in excess of the national standard of 90%.
- Compliance has trended upwards though the course of 24/25 to date, with further improvement delivered in January reported position.
- Following recent funding, the team are utilising this to improve performance by having a dedicated ND clinician to support through Q4; additional clinics to be held at evenings and weekends; commitment for Child & Adolescent psychologists, ND clinicians, locum community paediatrician, and CAHMS practitioners; dedicated administrative support for clinics.
- Divisional expectation that further significant improvements towards national standard of 80% will be delivered through Q4.

	Maintain compliance of SCAMHS Choice Assessments within 28 days from referral	80% 83.3% (Jan) Above Trajectory of 80%	<p>sCAMHS Choice RTT</p> <table border="1"> <caption>RTT Compliance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> </tr> </thead> <tbody> <tr><td>Apr-23</td><td>92</td></tr> <tr><td>May-23</td><td>90</td></tr> <tr><td>Jun-23</td><td>90</td></tr> <tr><td>Jul-23</td><td>75</td></tr> <tr><td>Aug-23</td><td>70</td></tr> <tr><td>Sep-23</td><td>58</td></tr> <tr><td>Oct-23</td><td>78</td></tr> <tr><td>Nov-23</td><td>92</td></tr> <tr><td>Dec-23</td><td>75</td></tr> <tr><td>Jan-24</td><td>100</td></tr> <tr><td>Feb-24</td><td>95</td></tr> <tr><td>Mar-24</td><td>100</td></tr> <tr><td>Apr-24</td><td>100</td></tr> <tr><td>May-24</td><td>95</td></tr> <tr><td>Jun-24</td><td>92</td></tr> <tr><td>Jul-24</td><td>98</td></tr> <tr><td>Aug-24</td><td>88</td></tr> <tr><td>Sep-24</td><td>95</td></tr> <tr><td>Oct-24</td><td>100</td></tr> <tr><td>Nov-24</td><td>90</td></tr> <tr><td>Dec-24</td><td>100</td></tr> <tr><td>Jan-25</td><td>85</td></tr> </tbody> </table>	Month	Compliance (%)	Apr-23	92	May-23	90	Jun-23	90	Jul-23	75	Aug-23	70	Sep-23	58	Oct-23	78	Nov-23	92	Dec-23	75	Jan-24	100	Feb-24	95	Mar-24	100	Apr-24	100	May-24	95	Jun-24	92	Jul-24	98	Aug-24	88	Sep-24	95	Oct-24	100	Nov-24	90	Dec-24	100	Jan-25	85	<ul style="list-style-type: none"> <li>• Performance remains strong for this measure despite decrease in January, having averaged 94% through 24/25 to date.</li> <li>• Continued weekly performance meetings and validation of CHOICE assessment and waiting lists demand and capacity.</li> </ul>
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Milestones	Q3 Planned	Q3 Progress	Q3 Comments	Planned for Next Quarter
<b>Quality Improvement Plan</b>	Embed risk management ensuring we escalate concerns and are continually learning to improve our services.	Complete/ On schedule	Improvements on wards is being managed through the Quality Improvement Programme and monitored at Strategic Change Board.	Continue to drive quality improvement through the programme and robust monitoring at the Strategic Change Board.
<b>Recovering Part1 MH Performance (Over 18)</b>	Identify service model requirements for adults that meets the needs of service users within resources available.	Complete/ On schedule	Performance has continued to improve and targets for both 1a and 1b of the measure have been exceeded. The news ways of working are being embedded into the team and the focus is now on maintaining services.	Agree service model within current resource capabilities and in line with the Mental Health (Wales) Measure to meet targets.
<b>Recovering Part1a MH Performance (under 18)</b>	Identify service model requirements for children that meets the needs of service users within resources available.	Complete/ On schedule	Good performance has been sustained. The Division continue to analyse demand across the five boroughs to inform support models. SPACE panels continue to work well to ensure appropriate onward referral.	Continued performance monitoring of capacity and demand, job planning to meet 80% compliance target
<b>Recovering Part1b MH Performance (under 18)</b>	Continue focus on improving performance for part1 b through targeted action plans for children (under 18)	Complete/ On schedule	Improved performance delivered to exceed national target of 80% this has been achieved through a new 1+1 model and expected to continue throughout 2025.	Continue focus on improving performance for part1 b through targeted action plans for children (under 18)
<b>SCAMHS Choice Assessments 80% compliance (28 days referral to assessment)</b>	Continued performance monitoring of capacity to delivery CHOICE assessments to continue to maintain RTT compliance.	Complete/ On schedule	Good performance has been maintained consistently exceeding the 80% target through continued focus on demand and capacity and data validation.	Continued performance monitoring of capacity to delivery CHOICE assessments to continue to maintain RTT compliance

<b>CAMHS Part 2 Care and Treatment Plan</b>	Continued monitoring of Care and Treatment Plans within Part 2 Mental Measure to ensure RTT compliance	Complete/ On schedule	Compliance has further improved recording 100% for the past 2 months exceeding the national standard of 90%.	Continued monitoring of Care and Treatment Plans within Part 2 Mental Measure to ensure RTT compliance
	Continued working on WCCIS to ensure correct compliance is reported	Complete/ On schedule	Actions in place to ensure correct compliance in reported through robust data validation.	Monitoring of SCAMHS CMHT capacity to undertake care coordination
<b>111 Press 2</b>	An emerging strategy for point of access services to be developed.	Off track within tolerance	Internal changes within the team has realigned this action to the start of 2025/26. A new group has been established, and a project plan is being developed.	Action plan to implement strategy in place.
<b>Complex Needs</b>	Embed the learning and recommendations of the National Clinical Commissioning Units review.	Complete/On schedule	The Commissioning team has reviewed the findings from the National Clinical Commissioning Unit and implementing recommendations within the team.	New service for community accommodation developed.
<b>Neurodevelopmental services (Over 18)</b>	Make incremental pathway improvements to improve patient experience and lead to a universal model. Deployment of plans in line with additional monies.	Complete/ On schedule	Implementation of an integrated referral front door for suspected Attention Deficit Hyperactive Disorder and Integrated Autism Service and, designed to improve the initial patient and stakeholder experience. This streamlined referral process is a key component of the Integrated model and will form the basis for a more equitable and efficient diagnostic pathway across all. Ongoing work on addressing existing wait time has also resulted in a 30% reduction in waiting list compared with Q3 last year.	Develop a universal model for primary care adult neurodevelopmental services that can be deployed across Gwent consistently
<b>Neurodevelopmental services (under 18)</b>	Implement the Children's Neurodevelopmental Recovery Plan that will enable the pathway to adapt to manage the increasing variable demand.	Complete/ On schedule	The recent funding has provided further opportunities to improve performance through additional workforce capacity including a dedicated Neurodevelopmental Clinician. In addition, capacity has been added in the evenings and weekends.	Continue to implement the children's neurodevelopmental recovery plan that will enable the pathway to adapt to manage the increasing variable demand

The Health Board’s *People Plan, 2022 -2025, ‘Putting People First’*, outlines the Workforce and Organisational Development (OD) strategy in relation to workforce improvement, capability, and expertise with a clear focus on wellbeing, inclusion, and engagement of our people. A Workforce & OD Performance Dashboard has also been aligned to reflect the key workforce metrics of the People Plan objectives capturing the performance indicators of delivery of that plan and targets set in the Health Board Workforce MDS (24/25):

**Reporting Period end of December 24**

Priority	Performance Summary	Data
<p><b>Staff in Post</b></p>	<p>There are currently 13,223 WTE staff in post, an increase of 141 WTE since March 2024. This is mostly attributed to:</p> <ul style="list-style-type: none"> <li>• An increase of 134.29 WTE in Nursing &amp; Midwifery staff.</li> <li>• Whilst there has been a reduction in Admin &amp; Clerical of 130wte over half of the reduction has been due to TUPE transfers out of hosted teams and Primary Care Managed Practices and Services transferring to the newly established NHS Wales Executive.</li> <li>• Recruitment of substantive posts to support a reduction in variable pay.</li> </ul>	
<p><b>Administration Staff in Post</b></p>	<p>An administration and clerical review has been undertaken, which identified a significant growth in this staff group over the past 5 years. Therefore, the aim is to reduce the number of administration and clerical costs by 2% before the end of the year through turnover and vacancy controls and a review of service opportunities. The total number of posts has reduced by 134.29 WTE since March 2024 with 59 WTE linked to TUPE transfers. Excluding TUPE transfers the overall reduction in Administration and Clerical staff has been 69.8 WTE which has exceeded the 2% administration target.</p>	

<p><b>Sickness</b></p>	<p>Sickness Absence in Dec 24 was 7.30% which has increased from 5.92 % as reported end of March 24. Short term sickness accounts for 2.56% and long term sickness (over 28 days) as 4.74%. Target in Graph was set as part of the IMTP performance framework to achieve pre- covid sickness levels.</p> <p>Top 3 highest sickness by staff group:</p> <ol style="list-style-type: none"> <li>1. Additional Clinical Services (HCSWs) – 11.02%</li> <li>2. Estates &amp; Ancillary – 10.98%</li> <li>3. Nursing &amp; Midwifery – 7.53%</li> </ol>	<table border="1"> <caption>Sickness Absence % Data</caption> <thead> <tr> <th>Month</th> <th>Sickness %</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>6.00</td><td>5.00</td></tr> <tr><td>Apr-23</td><td>5.50</td><td>5.00</td></tr> <tr><td>May-23</td><td>5.50</td><td>5.00</td></tr> <tr><td>Jun-23</td><td>6.00</td><td>5.00</td></tr> <tr><td>Jul-23</td><td>6.20</td><td>5.00</td></tr> <tr><td>Aug-23</td><td>6.20</td><td>5.00</td></tr> <tr><td>Sep-23</td><td>6.50</td><td>5.00</td></tr> <tr><td>Oct-23</td><td>6.20</td><td>5.00</td></tr> <tr><td>Nov-23</td><td>6.80</td><td>5.00</td></tr> <tr><td>Dec-23</td><td>6.80</td><td>5.00</td></tr> <tr><td>Jan-24</td><td>6.50</td><td>5.00</td></tr> <tr><td>Feb-24</td><td>6.00</td><td>5.00</td></tr> <tr><td>Mar-24</td><td>5.50</td><td>5.00</td></tr> <tr><td>Apr-24</td><td>5.50</td><td>5.00</td></tr> <tr><td>May-24</td><td>6.00</td><td>5.00</td></tr> <tr><td>Jun-24</td><td>6.20</td><td>5.00</td></tr> <tr><td>Jul-24</td><td>6.00</td><td>5.00</td></tr> <tr><td>Aug-24</td><td>6.20</td><td>5.00</td></tr> <tr><td>Sep-24</td><td>6.00</td><td>5.00</td></tr> <tr><td>Oct-24</td><td>6.50</td><td>5.00</td></tr> <tr><td>Nov-24</td><td>6.80</td><td>5.00</td></tr> <tr><td>Dec-24</td><td>7.30</td><td>5.00</td></tr> <tr><td>Jan-25</td><td>7.00</td><td>5.00</td></tr> <tr><td>Feb-25</td><td>7.00</td><td>5.00</td></tr> <tr><td>Mar-25</td><td>7.00</td><td>5.00</td></tr> </tbody> </table>	Month	Sickness %	Target	Mar-23	6.00	5.00	Apr-23	5.50	5.00	May-23	5.50	5.00	Jun-23	6.00	5.00	Jul-23	6.20	5.00	Aug-23	6.20	5.00	Sep-23	6.50	5.00	Oct-23	6.20	5.00	Nov-23	6.80	5.00	Dec-23	6.80	5.00	Jan-24	6.50	5.00	Feb-24	6.00	5.00	Mar-24	5.50	5.00	Apr-24	5.50	5.00	May-24	6.00	5.00	Jun-24	6.20	5.00	Jul-24	6.00	5.00	Aug-24	6.20	5.00	Sep-24	6.00	5.00	Oct-24	6.50	5.00	Nov-24	6.80	5.00	Dec-24	7.30	5.00	Jan-25	7.00	5.00	Feb-25	7.00	5.00	Mar-25	7.00	5.00																																																																														
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<p><b>Top Sickness reasons</b></p>	<p>Currently Anxiety/Stress and Depression account for 2.45% of overall sickness, the target is to reduce this to 1.6%.</p> <p>Musculoskeletal problems account for the second highest reason for sickness absence at 0.62% of overall sickness. The target is to reduce this to 0.4%</p> <p>The Health and Wellbeing Service continues to increase the support options available for staff including psychological therapy, counselling and self-help and guidance tools. In addition, our “Wellbeing Matters” Programme provides advice and support to those suffering with physical conditions (e.g. back problems). The Health Board have also introduced an Employee Assistance Programme to support access to wellbeing support, which has reduced waiting times for our internal staff wellbeing service.</p>	<table border="1"> <caption>Anxiety/Stress/Depression Data</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>1.80</td><td>1.60</td></tr> <tr><td>Apr-23</td><td>1.80</td><td>1.60</td></tr> <tr><td>May-23</td><td>1.90</td><td>1.60</td></tr> <tr><td>Jun-23</td><td>2.00</td><td>1.60</td></tr> <tr><td>Jul-23</td><td>2.00</td><td>1.60</td></tr> <tr><td>Aug-23</td><td>1.90</td><td>1.60</td></tr> <tr><td>Sep-23</td><td>2.00</td><td>1.60</td></tr> <tr><td>Oct-23</td><td>1.90</td><td>1.60</td></tr> <tr><td>Nov-23</td><td>2.20</td><td>1.60</td></tr> <tr><td>Dec-23</td><td>2.20</td><td>1.60</td></tr> <tr><td>Jan-24</td><td>2.20</td><td>1.60</td></tr> <tr><td>Feb-24</td><td>1.90</td><td>1.60</td></tr> <tr><td>Mar-24</td><td>1.80</td><td>1.60</td></tr> <tr><td>Apr-24</td><td>1.80</td><td>1.60</td></tr> <tr><td>May-24</td><td>1.80</td><td>1.60</td></tr> <tr><td>Jun-24</td><td>1.90</td><td>1.60</td></tr> <tr><td>Jul-24</td><td>2.20</td><td>1.60</td></tr> <tr><td>Aug-24</td><td>2.00</td><td>1.60</td></tr> <tr><td>Sep-24</td><td>2.00</td><td>1.60</td></tr> <tr><td>Oct-24</td><td>2.10</td><td>1.60</td></tr> <tr><td>Nov-24</td><td>2.20</td><td>1.60</td></tr> <tr><td>Dec-24</td><td>2.45</td><td>1.60</td></tr> <tr><td>Jan-25</td><td>2.20</td><td>1.60</td></tr> <tr><td>Feb-25</td><td>2.20</td><td>1.60</td></tr> <tr><td>Mar-25</td><td>2.20</td><td>1.60</td></tr> </tbody> </table> <table border="1"> <caption>Other Musculoskelton Problems Data</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>0.50</td><td>0.40</td></tr> <tr><td>Apr-23</td><td>0.45</td><td>0.40</td></tr> <tr><td>May-23</td><td>0.45</td><td>0.40</td></tr> <tr><td>Jun-23</td><td>0.50</td><td>0.40</td></tr> <tr><td>Jul-23</td><td>0.55</td><td>0.40</td></tr> <tr><td>Aug-23</td><td>0.55</td><td>0.40</td></tr> <tr><td>Sep-23</td><td>0.60</td><td>0.40</td></tr> <tr><td>Oct-23</td><td>0.65</td><td>0.40</td></tr> <tr><td>Nov-23</td><td>0.60</td><td>0.40</td></tr> <tr><td>Dec-23</td><td>0.65</td><td>0.40</td></tr> <tr><td>Jan-24</td><td>0.60</td><td>0.40</td></tr> <tr><td>Feb-24</td><td>0.55</td><td>0.40</td></tr> <tr><td>Mar-24</td><td>0.50</td><td>0.40</td></tr> <tr><td>Apr-24</td><td>0.55</td><td>0.40</td></tr> <tr><td>May-24</td><td>0.55</td><td>0.40</td></tr> <tr><td>Jun-24</td><td>0.55</td><td>0.40</td></tr> <tr><td>Jul-24</td><td>0.55</td><td>0.40</td></tr> <tr><td>Aug-24</td><td>0.55</td><td>0.40</td></tr> <tr><td>Sep-24</td><td>0.55</td><td>0.40</td></tr> <tr><td>Oct-24</td><td>0.55</td><td>0.40</td></tr> <tr><td>Nov-24</td><td>0.55</td><td>0.40</td></tr> <tr><td>Dec-24</td><td>0.62</td><td>0.40</td></tr> <tr><td>Jan-25</td><td>0.55</td><td>0.40</td></tr> <tr><td>Feb-25</td><td>0.55</td><td>0.40</td></tr> <tr><td>Mar-25</td><td>0.55</td><td>0.40</td></tr> </tbody> </table>	Month	Percentage	Target	Mar-23	1.80	1.60	Apr-23	1.80	1.60	May-23	1.90	1.60	Jun-23	2.00	1.60	Jul-23	2.00	1.60	Aug-23	1.90	1.60	Sep-23	2.00	1.60	Oct-23	1.90	1.60	Nov-23	2.20	1.60	Dec-23	2.20	1.60	Jan-24	2.20	1.60	Feb-24	1.90	1.60	Mar-24	1.80	1.60	Apr-24	1.80	1.60	May-24	1.80	1.60	Jun-24	1.90	1.60	Jul-24	2.20	1.60	Aug-24	2.00	1.60	Sep-24	2.00	1.60	Oct-24	2.10	1.60	Nov-24	2.20	1.60	Dec-24	2.45	1.60	Jan-25	2.20	1.60	Feb-25	2.20	1.60	Mar-25	2.20	1.60	Month	Percentage	Target	Mar-23	0.50	0.40	Apr-23	0.45	0.40	May-23	0.45	0.40	Jun-23	0.50	0.40	Jul-23	0.55	0.40	Aug-23	0.55	0.40	Sep-23	0.60	0.40	Oct-23	0.65	0.40	Nov-23	0.60	0.40	Dec-23	0.65	0.40	Jan-24	0.60	0.40	Feb-24	0.55	0.40	Mar-24	0.50	0.40	Apr-24	0.55	0.40	May-24	0.55	0.40	Jun-24	0.55	0.40	Jul-24	0.55	0.40	Aug-24	0.55	0.40	Sep-24	0.55	0.40	Oct-24	0.55	0.40	Nov-24	0.55	0.40	Dec-24	0.62	0.40	Jan-25	0.55	0.40	Feb-25	0.55	0.40	Mar-25	0.55	0.40
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<p><b>Variable Pay Bank</b></p>	<p>In the last quarter, the target continues to be achieved with a reduction of 368 WTE and sustained and supported by the Variable Pay Programme recognising the importance of recruitment and retention.</p> <p>56% of bank usage is Health Care support workforce. 32% is Registered Nursing and Midwifery and 10% is Facilities.</p> <p>The target in graph was set as part of deliverables set out in IMTP performance framework.</p>	<p><b>Bank WTE</b></p> <p>Bank A4C Usage WTE (blue line) and Target (green dashed line) are plotted from Mar-23 to Mar-25. The Y-axis ranges from 0 to 1200. The blue line fluctuates around the green target line, which is set at approximately 900 WTE.</p>
<p><b>Variable Pay Agency</b></p>	<p>Current agency usage is 187.07 WTE, an increase of 16 WTE in the last quarter. There has been significant reduction on agency usage since last year and 95% of nonmedical agency usage is Registered Nursing. There will be sustainable reduction supported by the variable pay programme.</p> <p>Target in graph was set as part of the deliverables set out in IMTP performance framework.</p>	<p><b>Agency WTE</b></p> <p>Agency Usage WTE (blue line) and Target (green dashed line) are plotted from Mar-23 to Mar-25. The Y-axis ranges from 0 to 400. The blue line shows a general downward trend from around 350 WTE in Mar-23 to around 150 WTE in Mar-25, staying below the target line.</p>
<p><b>Variable Pay Medical Locum</b></p>	<p>Current locum usage is 63.77 WTE, which is an increase of 12 WTE compared to last quarter. There is ongoing work with the development of a Medical Workforce Bespoke Strategy and the introduction of medical E-Systems to support this work.</p> <p>Target in graph was estimated as part of the IMTP performance framework and will be interchangeable with agency usage.</p>	<p><b>Medical Locum WTE</b></p> <p>Medical Locum WTE (blue line) and Target (green dashed line) are plotted from Mar-23 to Mar-25. The Y-axis ranges from 0 to 80. The blue line fluctuates around the green target line, which is set at approximately 50 WTE.</p>

<p><b>Variable Pay Medical Agency</b></p>	<p>Current Medical Agency WTE is 44.06 WTE, showing a sustained decrease in trend to achieving target.</p> <p>Target in graph was set as part of the IMTP performance framework and will be interchangeable with Locum usage.</p>	
<p><b>Turnover</b></p>	<p>Current turnover rate is 9.01%, a reduction from 9.22% the previous year, which has been sustained over the last 12 months.</p> <p>Nursing and Midwifery have the lowest turnover rate of 6.86%, whilst Admin &amp; Clerical have the highest 12.70%. The Stability Index (which is the employee numbers by head count at the end of a reporting period) is 89.52% for the first quarter of this year.</p> <p>The target in the graph was set as part of the IMTP performance framework.</p>	
<p><b>PADR</b></p>	<p>Current PADR compliance is 74.56%, an increase of 4.67% since March 2024 and continued work towards achieving 85% All Wales target through divisional reporting, renewed tools and training for managers.</p>	

<p><b>Job Planning</b></p>	<p>Current compliance rate is 33%, although this is in part due to the introduction of a new medical e-system. Once fully implemented, the target is set at 85%.</p> <p>There are 317 Senior Medical Staff (Consultant and SAS Doctors) recorded in progress in the e-system which once completed will take our compliance to 67%.</p>	<p><b>Consultant Job Planning</b></p> <table border="1"> <thead> <tr> <th>Month</th> <th>Job Planning - Consultants (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>25</td><td>0</td></tr> <tr><td>Apr-23</td><td>28</td><td>0</td></tr> <tr><td>May-23</td><td>25</td><td>0</td></tr> <tr><td>Jun-23</td><td>25</td><td>0</td></tr> <tr><td>Jul-23</td><td>25</td><td>0</td></tr> <tr><td>Aug-23</td><td>25</td><td>0</td></tr> <tr><td>Sep-23</td><td>25</td><td>0</td></tr> <tr><td>Oct-23</td><td>25</td><td>0</td></tr> <tr><td>Nov-23</td><td>25</td><td>0</td></tr> <tr><td>Dec-23</td><td>25</td><td>0</td></tr> <tr><td>Jan-24</td><td>25</td><td>0</td></tr> <tr><td>Feb-24</td><td>25</td><td>0</td></tr> <tr><td>Mar-24</td><td>25</td><td>25</td></tr> <tr><td>Apr-24</td><td>25</td><td>85</td></tr> <tr><td>May-24</td><td>25</td><td>85</td></tr> <tr><td>Jun-24</td><td>25</td><td>85</td></tr> <tr><td>Jul-24</td><td>25</td><td>85</td></tr> <tr><td>Aug-24</td><td>25</td><td>85</td></tr> <tr><td>Sep-24</td><td>25</td><td>85</td></tr> <tr><td>Oct-24</td><td>25</td><td>85</td></tr> <tr><td>Nov-24</td><td>25</td><td>85</td></tr> <tr><td>Dec-24</td><td>25</td><td>85</td></tr> <tr><td>Jan-25</td><td>25</td><td>85</td></tr> <tr><td>Feb-25</td><td>25</td><td>85</td></tr> <tr><td>Mar-25</td><td>25</td><td>85</td></tr> </tbody> </table>	Month	Job Planning - Consultants (%)	Target (%)	Mar-23	25	0	Apr-23	28	0	May-23	25	0	Jun-23	25	0	Jul-23	25	0	Aug-23	25	0	Sep-23	25	0	Oct-23	25	0	Nov-23	25	0	Dec-23	25	0	Jan-24	25	0	Feb-24	25	0	Mar-24	25	25	Apr-24	25	85	May-24	25	85	Jun-24	25	85	Jul-24	25	85	Aug-24	25	85	Sep-24	25	85	Oct-24	25	85	Nov-24	25	85	Dec-24	25	85	Jan-25	25	85	Feb-25	25	85	Mar-25	25	85
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The Quality and Safety performance is reported against a condensed range of indicators compared to the Quality Outcomes Report, which is produced for the Quality and Patient Safety Committee and Board. The Top-level indicators provided for the integrated performance mapped to under the pillars of quality:

**Patient Experience:** Patient feedback- CIVICA data.

**Incidents:** National Reported Incidents, Duty of Candour, Mortality.

**Complaints, concerns, compliments:** Concerns – 30-day performance.

**Health, Safety & Security:** RIDDOR reporting, H&S training compliance, Compliance HB Health, Safety & Fire risk assessment programme.

**Infection Control and Prevention:** Infection Control.

**Safeguarding:** Duty to report

Priority	Performance Summary	Data																												
<p><b>Patient Experience</b> <b>CIVICA</b></p>	<p>The total number of surveys that have been completed continues to increase. The survey feedback for Q3 (1735 responses), compared to Q2 (1942) compared to Q1 (1733).</p> <p>Top 3 for the PCC themes - What did we do well?</p> <ul style="list-style-type: none"> <li>• 295 comments around Compassion</li> <li>• 250 comments around Emotional &amp; Physical support</li> <li>• 181 comments around Friendliness</li> </ul> <p>Top 3 themes for PCC themes- what could we have done better?</p> <ul style="list-style-type: none"> <li>• 45 comments around Waiting</li> <li>• 35 comments around Facilities</li> <li>• 34 comments around Food &amp; Beverages</li> </ul> <p>Completion of surveys is still limited to QR code or paper. Testing phase for SMS and aim to launch 3<sup>rd</sup> Feb, initially for ED and MIU.</p>	<table border="1" data-bbox="1173 775 2123 986"> <thead> <tr> <th colspan="2">All surveys</th> </tr> </thead> <tbody> <tr> <td>1735 responses</td> <td>88% Satisfaction</td> </tr> <tr> <th colspan="2">Person Centred Care (PCC) Survey</th> </tr> <tr> <td>1500 responses</td> <td>91% Satisfaction</td> </tr> </tbody> </table> <p><b>CIVICA data total responses October – December 2024</b></p> <table border="1" data-bbox="1151 1050 2074 1423"> <caption>Civica - Survey Responses 2024/25</caption> <thead> <tr> <th>Month</th> <th>Survey Responses</th> </tr> </thead> <tbody> <tr> <td>Apr-24</td> <td>422</td> </tr> <tr> <td>May-24</td> <td>613</td> </tr> <tr> <td>Jun-24</td> <td>596</td> </tr> <tr> <td>Jul-24</td> <td>736</td> </tr> <tr> <td>Aug-24</td> <td>585</td> </tr> <tr> <td>Sep-24</td> <td>485</td> </tr> <tr> <td>Oct-24</td> <td>638</td> </tr> <tr> <td>Nov-24</td> <td>545</td> </tr> <tr> <td>Dec-24</td> <td>318</td> </tr> </tbody> </table>	All surveys		1735 responses	88% Satisfaction	Person Centred Care (PCC) Survey		1500 responses	91% Satisfaction	Month	Survey Responses	Apr-24	422	May-24	613	Jun-24	596	Jul-24	736	Aug-24	585	Sep-24	485	Oct-24	638	Nov-24	545	Dec-24	318
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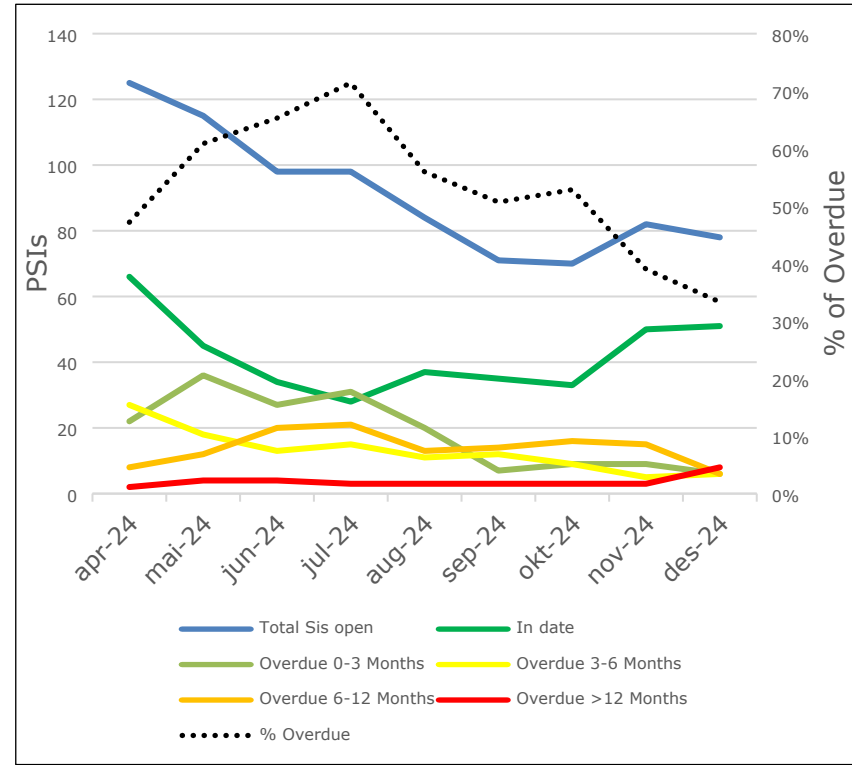
**Incidents  
National  
Reportable  
Incidents**

Overdue NRIs decreased from 71% (July 2024) to 33% (December 2024) - a 38% improvement. There continues to be a focus on the management of the PSI process. Recommendations for improving compliance include robust progress monitoring and monthly reporting to divisional teams.

The PSI team provide additional training for Investigating Officers and have been running drop-in virtual training sessions for Investigating Officers to provide support and discuss any concerns. In addition the Corporate PSI Team will be delivering investigating officer training and offering bespoke support.

The PSI Team meet weekly with the Divisional Quality & Patient Safety (QPS) Teams to discuss PSIs, Medical Examiner Cases, and any incidents awaiting harm reviews. This initiative aims to help Divisions monitor their progress and ensure adherence to incident reporting standards.

Bespoke strategy meetings chaired by a clinical Executive for complex and potentially challenging incidents, are proving to be successful in progressing investigations appropriately.



**NRI Run Chart Q3 2024/25**

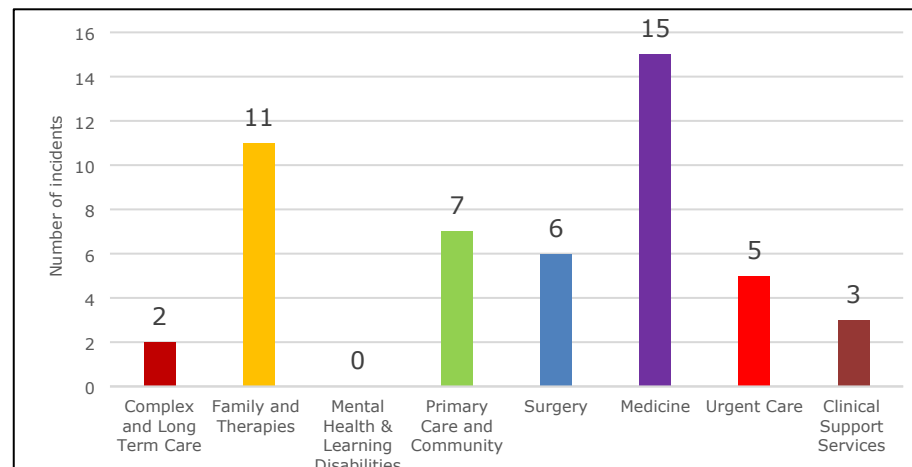
**Incidents**  
**Duty of**  
**Candour**

Between April and December 2024 there were 19711 incidents affecting patients reported on the Datix Cymru system. This is in comparison to **23178** incidents for the same period in 2023.

There have been **49** incidents that have triggered Duty of Candour. This figure is based on the question - Was Healthcare provided a factor?

These incidents involved inadequate supervision leading to a fall, post-operative complications, issues with communication around discharges, prescribing errors, and maternity incidents. All these incidents have triggered the Duty of Candour (DoC) process.

The way in which Duty of Candour is captured on RL Datix, has been refined for the 2024/25 reporting. In the 2023/24 period DoC was triggered when the management review had, been undertaken, and harm assessed at that time as moderate and above. Therefore, **151** incidents triggered for the same period in 23/24. The introduction of the question of 'was a healthcare a factor' focuses the investigator on the essence of DoC harm, in that it is the delivery or lack of delivery of healthcare that has led to the harm caused to the patient/ service user.



**Duty of Candour Incidents by Division Q1 to Q3 2024/25**

**Mortality**

The Risk Adjusted Mortality Index (RAMI) has been consistent with All Wales peer organisations and remains below their levels. The Health Board’s RAMI is 101.91 for Q3 2024/25.

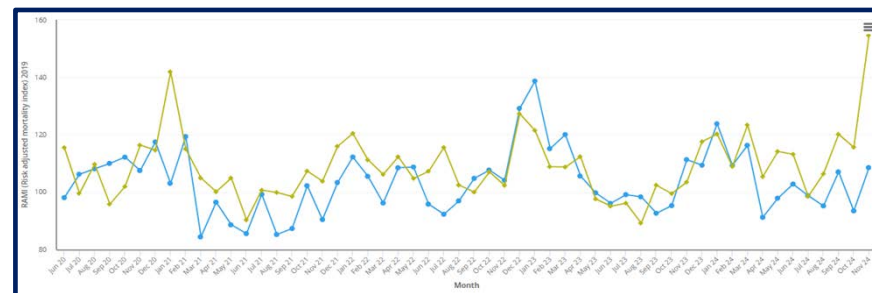
The RAMI continues to fluctuate – more detail is provided in the Learning from Death report. For Q3 AB RAMI – 96.1 for October 2024. AB RAMI – 108.52 for November 2024. AB RAMI –December currently unavailable.

RAMI Q1 97.23, Q2 100.35 and Q3 101.91.

Mortality Rate: Remains stable and flat, with actual deaths in hospital decreasing over Q2 2024.

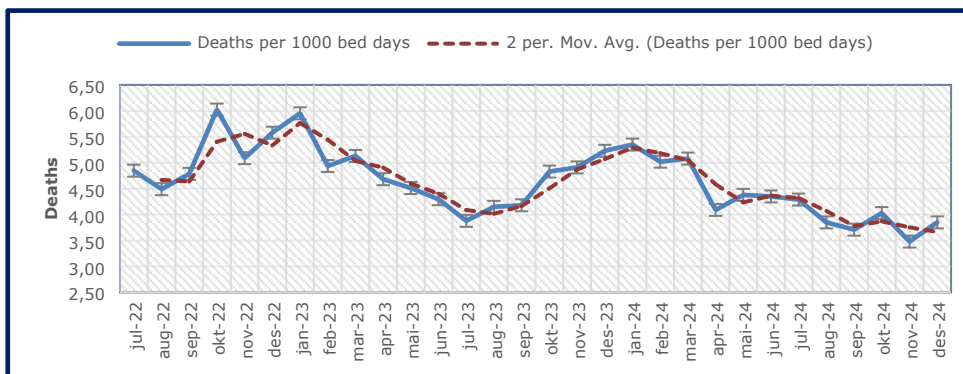
Health Board’s Learning from Death Report: Advocates for several approaches to understand performance, ensuring assurance and quality improvement around death. This includes additional mortality indicators for reporting, not solely relying on aggregated retrospective data like RAMI.

By integrating various data sources and continuous monitoring, the Health Board aims to maintain high standards of care and improve patient outcomes.



**Risk Adjusted Mortality Index (RAMI)**

Blue ABUHB Yellow All Wales peers



**Deaths per 1000 occupied bed days**

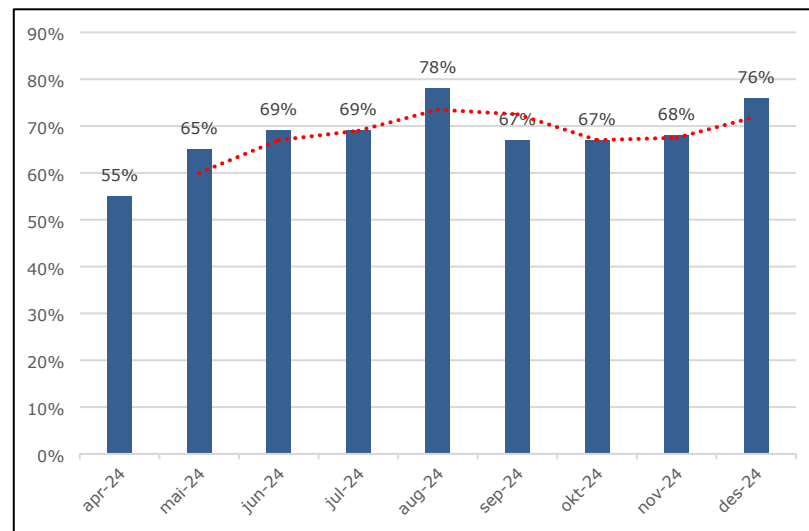
**Concerns**  
**30-day performance**

These measures aim to maintain high standards of patient care and service quality despite the pressures faced. Early Resolution average rate YTD – 67%.

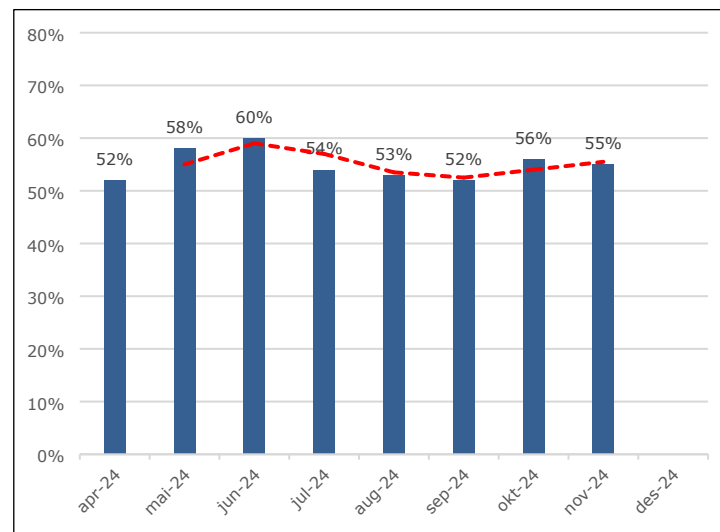
PTR Concerns compliance rate averaged 55% for concerns received and completed within compliance.

Across Quarter 3 appointments and clinical treatment and assessment continue to be the overriding themes in terms of the highest numbers of concerns received.

Concerns received by themes for Oct-Dec 2024: Clinical treatment/ assessment 236, appointments 208, communication issues 91, patient care 72 and attitude and behaviour 48.



**9 monthly early resolution performance April – December 2024 Q1 -Q3**



**8 monthly Managed Under PTR Performance April to November 2024 Q1- Q3**

**(December data awaiting validation)**

**Health, Safety & Security**

**Reporting of Injuries, Diseases and Dangerous - Occurrences Regulations**

During Q4 (January and February 2025) the Health Board has reported **6 incidents** to the HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

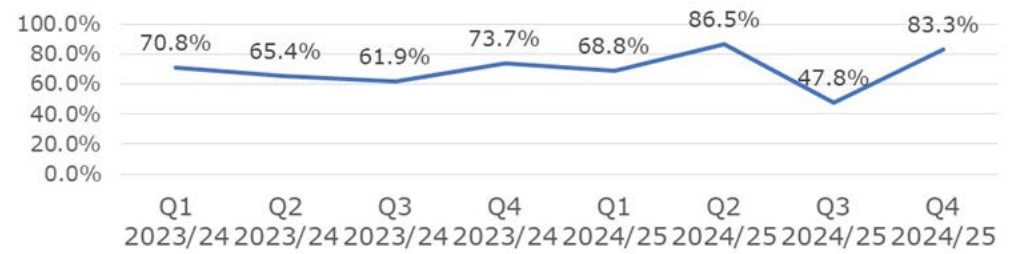
**83.3%** of these cases were reported within the legal timeframes within the legislation.

This is a significant increase on the previous quarter.

**Health and Safety Statutory and Mandatory Training:**

At end of December 2024 training compliance for the Health Board was reported as:

There has been a 1% increase in manual handling training compliance. There has been no movement in the other disciplines.



**Percentage of Incidents Reported within Legal Timeframes**

<b>Health &amp; Safety</b>	<b>86%</b>
<b>Fire Safety</b>	<b>83%</b>
<b>Violence &amp; Aggression</b>	<b>86%</b>
<b>Manual Handling</b>	<b>69%</b>

**Health and Safety Statutory and Mandatory Training**

**Infection Prevention & Control**

**C. difficile Infection: 223 cases** with a rate of **50.05 per 100,000 population** (Apr-Dec 24), 36% higher than the same period in 23/24 (60 more cases). Healthcare associated: 108. Community acquired: 93. Relapse/indeterminate: 22

**Staph Aureus: 142 cases** with a rate of **31.87 per 100,000 population** (Apr-Dec 24), 63% higher than the same period in 23/24 (55 more cases). Healthcare associated: 47. Community acquired: 92. Relapse/indeterminate: 3

**E. coli BSI: 285 cases** with a rate of **63.96 per 100,000 population** (Apr-Dec 24), 5% higher than the same period in 23/24 (14 more cases). Healthcare associated: 68. Community acquired: 210. Re-isolate/indeterminate: 7

**Klebsiella BSI: 94 cases** with a rate of **21.10 per 100,000 population** (Apr-Dec 24), 12% lower than the same period in 23/24 (12 fewer cases). Healthcare associated: 33, Community acquired: 59, Re-isolate/indeterminate: 2

**Pseudomonas BSI: 32 cases** with a rate of **7.18 per 100,000 population** (Apr-Dec 24), 77% higher than the same period in 23/24 (14 more cases). Healthcare associated: 15. Community acquired: 17.

**Improvement Plan:** A Strategic Infection Prevention Improvement Group has been established which is led by the Executive Director of Nursing & the Medical Director. Senior level divisional attendance is mandated. A Health Board Improvement Plan is being implemented.

**Current Count of Cases for FY 24/25**

Table 1. Current FY count of specimens by HB, Apr - Dec 24

Additional filters for Table 1.	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Select month or FY						
Current FY						
Select organism group						
All organisms						
< than same period last FY						
= same period last FY						
> than same period last FY						
Aneurin Bevan UHB	223	13	129	285	94	32
Betsi Cadwaladr UHB	274	11	123	401	104	19
Cardiff and Vale UHB	164	5	133	214	95	31
Cwm Taf Morgannwg UHB	131	6	94	266	86	11
Hywel Dda UHB	150	5	93	272	80	20
Powys THB	20	0	1	1	0	0
Swansea Bay UHB	205	4	93	170	90	13
Velindre NHST	4	1	1	10	8	0
Wales	1171	45	667	1619	557	126

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	50.5	2.92	28.95	63.96	21.1	7.18
Betsi Cadwaladr UHB	52.84	2.12	23.72	77.34	20.06	3.66
Cardiff and Vale UHB	43.05	1.31	34.92	56.18	24.94	8.14
Cwm Taf Morgannwg UHB	39.16	1.79	28.1	79.51	25.71	3.29
Hywel Dda UHB	51.7	1.72	32.05	93.75	27.57	6.89
Powys THB	19.83	0	0.99	0.99	0	0
Swansea Bay UHB	70.96	1.38	32.19	58.85	31.15	4.5
Velindre NHST						
Wales	49.71	1.91	28.27	68.62	23.61	5.34

Data for April to December 2024 (Q1-Q3)

<b>Safeguarding</b>	<p><b>Duty to report:</b> Safeguarding activity data must be used with caution when being utilised as a marker of quality improvement. However, the current data available for 2024/25 highlights there has been a substantial number of safeguarding referrals made, or responded to, by the ABUHB Safeguarding Team. This is influenced by several factors including increasing harm and is testimony to the effectiveness of the workforce in being aware of neglect and abuse within our population.</p> <p>It should be noted that the duty to report figures represent those that were generated by the Health Board and quarter 3 comparisons have been made between 23/24 and 24/25.</p>		Quarter 3 2023/2024	Quarter 3 2024/2025	Increase
		Adult Duty To Report	98	145	48%
		Children Duty To Report	971	999	3%

The 2024/25 financial performance is measured by comparing actual expenditure with the budgets as delegated and approved by the Board and CEO. The Health Board has statutory financial duties and other financial targets which must be met. The table below summarises these and the Health Board’s performance against them.

Dec-24					
Performance against key financial targets 2024/25					
+Adverse / ( ) Favourable					
Target	Unit	Current Month	Year to Date	Year-end Forecast	Movement
<b>Revenue financial target</b> To secure that the HB's expenditure does not exceed the aggregate of its funding in each financial year. This confirms the YTD and forecast variance.	£'000	602	7,285	7,356	
<b>Capital financial target</b> To ensure net Capital Spend does not exceed the Capital Resource Limit. This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.	£'000	2,638	38,521	0	
	£66,504	4.0%	57.9%		
<b>Public Sector Payment Policy</b> To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	98.5%	97.8%	>95%	
<b>Performance against requirements 23/24</b>		21/22	22/23	23/24	3 Year Aggregate (21/22 to 23/24)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Revenue	x	(249)	36,842	49,754	86,347
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	✓	(50)	(43)	(41)	(134)
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	x				
<b>Underlying Financial Position (Brought Forward ULP)</b>		21/22	22/23	23/24	24/25 Forecast
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.		£20.914m Deficit	£89.6m Deficit	£81.4m Deficit	£14.5m Deficit

The 2024/25 financial year to date budget performance as at month 9 is an adverse variance of **£7.285m**.

The 2024/25 reported forecast is a **£7.356m** deficit which is a £1m improvement from the £48.9m deficit within the updated annual plan and £40.5m improvement as a result of WG funding.

There remain risks associated with this forecast position, particularly full achievement of saving opportunities, prescribing / drug cost growth, receipt of anticipated allocations and operational demand & workforce pressures.

The 2024/25 forecast of £7.356m is consistent with the Welsh Government revised control total of a £7.4m deficit.